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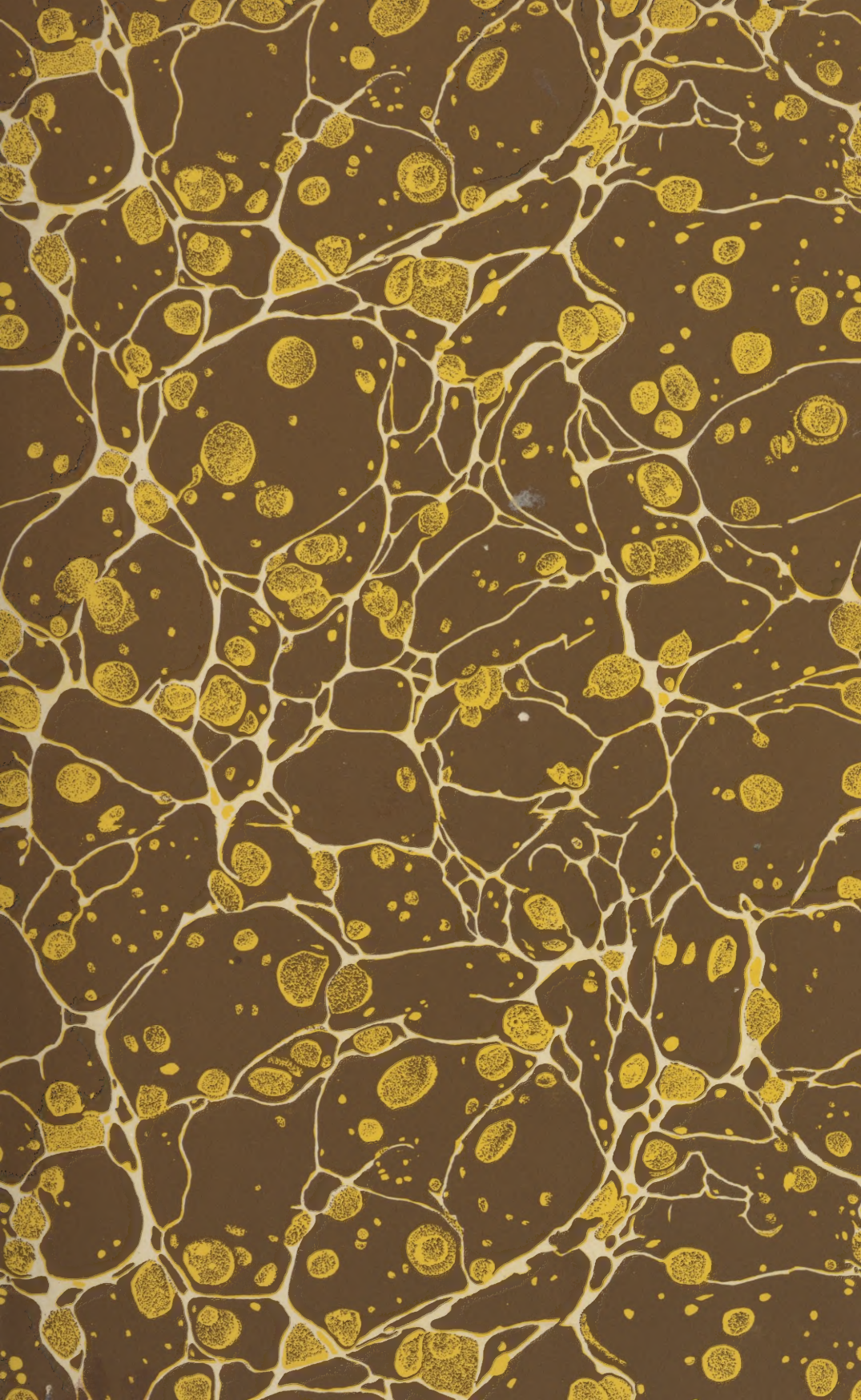


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Vol. VI. JANUARY, 1902. No. 1.

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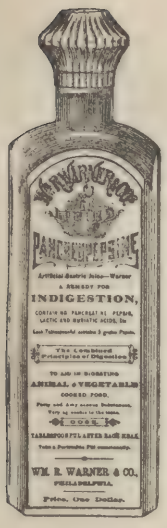
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Mississippi Medical Record.

Vol. VI.] January, 1902. [No. 1.

ORIGINAL CONTRIBUTIONS.

A CLINICAL STUDY OF MASTOID INFLAMMATION.

With 23 Illustrations, and a Report of 24 Illustrative Cases

(Author's Abstract)
by
E. C. ELLETT. M. D., MEMPHIS, TENN.

(On account of the extreme length of this paper it is possible to publish only an abstract of it.)

SYLLABUS.

Introduction.
Anatomy of the Mastoid Process.
Inflammation of the Mastoid Process. Causes. Pathology.

Symptoms. Diagnosis. Terminations.

The Abortive or Medical Treatment. General measures. Local measures. Heat and Cold. Cases.

The Surgical Treatment. A Description of the simple or Schwartze Operation. Cases to illustrate. (1) Cases of traumatic origin. (2) Cases in which the Bony Cortex was intact. (3) Cases with Fistula Unrecognized before operation. (4) Cases with Demonstrable collections of pus outside of the bone. (5) Cases of the Bezold Variety, including One to illustrate the Futility of the "Wildes Incision".

The after Treatment. Frequency of dressings. Duration of Treatment. The Ultimate functional Results. Remarks.

Next to a determination of when to operate, the most important matter is the after treatment, the character and duration of which is variable. In a typical case there is a rise of temperature due to traumatism, which lasts one or two days. The temperature should then become normal unless kept up by some complication. In addition to the variety of these complications presented in the cases reported, we should constantly bear in mind the possibility of sigmoid sinus thrombosis and meningeal and cerebral complications. Each of these is a subject for a monograph by itself, and are not intended to be covered by this paper.

The dressing is usually removed about the third day, as I have found the bandage is pretty well disordered by then, and this with the fact that the dressings are hardened by dried blood and discharge makes the patient rather uncomfortable. Further than this the dressings next the wound may be soiled with pus and infect other portions of the wound and delay the healing. The packing may be renewed at this time or not, but should be at the second dressing on the sixth day, when the stitches are removed. The gauze packing in the ear is similarly treated. In cases complicating acute otitis media the ear is usually dry after the operation, and the drain may be left out after the first dressing. I find that one inch gauze bandages are much nicer for use around the head than muslin or flannel, being lighter, more adaptable to the parts, and cooler. I usually reinforce the bandage with two turns of a ¼ or ½ inch adhesive plaster strip, which helps to hold the whole in place. In a week or ten days the dressing can be made so light that adhesive plaster strips

alone can be trusted to hold it, covering this by some sort of "ear flap" if necessary. An important matter during the healing of the bony wound is that of restraining granulations and forcing the wound to heal slowly and firmly from the bottom. It should be packed firmly to the bottom, and following the suggestion of Seneca D. Powell, of New York, which has been elaborated in this connection by Wendell Phillips, pure carbolic acid, neutralized in a minute with alcohol, will be fonnd most excellent for restraining granulations. As soon as the wound has filled up to the level of the bone the packing may be omitted and the flesh wound let close as rapidly as it will. If a thorough operation is done the granulations which form will not be the flabby unhealthy ones but firm and red and the wound should be permitted to fill with them. The thorough operation is followed by a much more rapid healing than a less complete one. There is later a contraction over the site of the bony wound so that some months after healing a deep depression will be found here. I see no way to avoid this, nor is it worth while to try, since the auricle and the hair can effectually hide the scar.

Should the ear continue to discharge it should be treated on the same principles as if it were the sole lesion. I am still a believer in antiseptic irrigation and insufflation of boracic acid powder.

In cases of mastoid abscess complicating acute otitis media and requiring only the Schwartze operation, such as the cases included in this study, function of the ear, after cure, should be unimpaired.

Remarks—I have reserved for the last a few general remarks which while very much to the point have hardly had a place in any part of what has preceded.

The objects of the mastoid operation are to relieve pain, preserve the integrity of the organ of hearing, and to save life. The first of these might be accomplished by a simple incision with drilling a small hole in the bone, but the last two are only properly considered by the operation as described. As I stated in the beginning the conditions here dealt with are those requiring only the Schwartze operation. In very many cases more radical measures are needed, where by the middle ear, aditus, antrum and mastoid cells are converted into one large cavity. So more attention to the

sigmoid sinus is often required, but with this part of the subject I have not attempted to deal.

Growing experience leads me to be more ready to operate. The conditions found have proven how little can be told of the state of affairs within the bone from the external symptoms, and unless the symptoms subside promptly under the measures which have been detailed, I favor early operation. By this we are enabled to encounter less destructive changes, to save the patient pain and extensive operation, and also to give him a better chance for restoration of hearing. The operation is a delicate one, done in a field surrounded by vital structures, and full of surprises. But for all this it is practically free from danger. I do not wish to be misunderstood on this point. Lack of care in its performance may bring about the most disastrous results. To state it as I am in the habit of doing when questioned on this point, the operation is not dangerous but the condition for which the operation is done is very dangerous.

Of very great importance is the necessity of thoroughly removing all diseased tissues. If the mastoid cells are filled with granulations and pus, they should be thoroughly cleaned out, this usually necessitating the removal of the entire cortex. Of even more importance is the removal of all diseased bone. If not removed at the time of the operation it will subsequently come away as a sequestrum, delaying healing materially and possibly necessitating a second operation.

The ideal method is undoubtedly the thorough removal of all diseased tissue, soft and bony, allowing the wound to fill with a clot and suturing it throughout. But if this is not done, the healing will be much more prompt under packing if the operation is thoroughly done, leaving a clean wound.

(Since the above paper was concluded about a year ago, I have modified the after treatment somewhat as regards the packing. I am convinced that protracted packing unnecessarily prolongs the healing and I think it best when the packing is removed for the first time not to replace it at all. I am indebted for this suggestion to Dr. H. V. Wurdemann, of Milwaukee.)

The Pepto-Mangan (Gude) has afforded me excellent and prompt results. DR. BISIG.

Bulletin, Switzerland, July 29, 1901.

FRACTURE OF THE INTERNAL MALLEOLUS AND TIBIA.

By W. O. ROBERTS, M. D., Louisville, Kentucky.

The patient I bring before you is a man aged forty three years. A year ago he fell into a well, or where they were digging a well, and sustained a fracture of both legs. There was a compound fracture of the right foot which has gotten well with the exception of a small opening, which I have not examined particularly, and he is able to use that leg alright. The left leg, he tells me, he could use as much immediately after receipt of the injnry as he can now, that it was put up in a fixed dressing in the position in which it was originally seen, that he has never been able to bear any weight on that foot except when sitting so that he can get the heel down, that he can bear considerable weight upon it, and he could do this immediately after the accident occured.

It is a case that I was at first unable to make out—the location of the fracture, so I had Dr. Butler make a couple of skiagraphs, which he will exhibit, and which show a very interesting condition of things.

DISCUSSION.

Dr. A. M. Vance:

I believe in this case that there is a fracture of the astragalus, aud that the anterior fragment occupies a higher position than normal which prevents the man getting his foot down to the floor. I also believe that theother fractures shown by the x-ray are present. Tenotomy of the tendon of Achilles and fixation will probably give this man a useful foot.

Dr. H. H. Grant:

I do not agree with Doctor Vance: I believe that we have here a fracture of the internal malleolus, and dislocation with probable seperation at the anterior surface of the tibia, and perhaps a fracture also of the external malleolus; at least the latter has been twisted out of its place, either completely broken or there has been a green-stick fracture.

I think the operation indicated in this case would be to cut down upon this fractured internal malleolus, and remove the broken bone and then by means of forced flexion the

*Reported to the Louisville Medico-Chirugical Society.

surgeon would be able to put the foot in good position without tenotomy, I do not believe there is a fracture of the astragalus.

Dr. W. O. Roberts:

I thought at first that there was a fracture of the astragalus as stated by Doctor Vance, but after a more extended study I am firmly convinced that such is not the case, I believe that tenotomy of the tendon Achilles with an osteotomy of the tibia will give him a useful limb.

Dr. T. L. Butler:

In exhibiting the two x-ray negatives taken in this case I desire to state that I have no doubt as to the astragalus being sound. A fracture of the astragalus makes a marked deformity, which is not evident in either of these skiagraphs. In the first picture we can see the entire upper surface of the astragalus, the articular surface being entirely intact. There is an oblique fracture of the tibia. If there was a fracture of the astragalus it would certainly show in the skiagraph.

The second skiagraph shows an old green-stick fracture of the fibula, not a complete nor a Potts fracture, because the displacement is inward. There is an incomplete fracture of the fibula, and considerable callus has been thrown out.

There is no question about there being a fracture of the internal malleolus; the whole line of fracture can be seen in the skiagraph. My judgment is that in this case there were originally three fractures, viz: a fracture of the shaft of the tibia with displacement as can be readily seen; a green-stick fracture of the fibula, and a complete fracture of the internal malleolus,

---

Rosenau of the Marine Hospital says the theory of Finlay, so brilliantly proven by Reed and his colleagues (Carroll Lazeor and Agromonte) of the Army Medical Commission, that the mosquito transmits yellow fever must now be accepted as an established fact.

While the Army is not the sanitary department of this government, it is due the great work of stamping out yellow fever in Cuba. It seems that nothing is left the Marine Hospital Service along this line now except to take notes from the army as to the best methods of destroying the mosquito.

ABSTRACTS AND EXTRACTS.

IN CHARGE OF EWING FOX HOWARD, M. D.

GONORRHŒA.

Dr. Geo. M. Gould in the ADDRESS IN MEDICINE BEFORE THE WISCONSIN STATE MEDICAL SOCIETY (June 1901) published in AMERICAN MEDICINE August 31st and September 7th, gives the following information about gonorrhœa:

Gonorrhœa is at present being recognized as an equal or greater evil (i e. to syphilis) by all competent observers. Hyde and Montgomery in their work on venereal diseases say that gonorrhœa and its complications have a greater mortality than syphilis, and Moyer writes: 'Since the gonococcus has been isolated and cultivated it has been found that general infections are frequently caused by this organism. Pleurisy, meningitis, myocarditis and peritonitis, and of late a gonococcemia have all been identified. So that gonorrhœa is not a purely local disorder. In reply to the question asked by letter of the most prominent American and foreign gynecologists as to the percentage of pelvic inflammations traceable to gonococcal infection it was shown that the reports of twenty-four prominent workers indicated no less than forty-one per cent of such disorders as distinctly secondary to supposedly cured male gonorrhœa. As to the extent to which sterility is due to gonococcal infection the estimated percentage by the same workers is forty-two per cent. Hirst and Robb regard sterility as the rule where infection has occurred; Hamiston and Krentzmann say that sterility results in every case where the ovaries or tubes are attacked and Czerny beleives that 'fully fifty per cent of all sterility is due to the husband's gonorrhœa.' "

Dr. Valentine in the MEDICAL RECORD JUNE 29th 1091 gives us the following points on CHRONIC GONORRHŒA:

"A GONORRHŒA may become chronic from, and a post-gonorrhœal urthritis may be perpetuated by, (1) lack of treatment, (2) misdirected treatment, (3) insufficient treatment, (4) over-treatment, (5) infraction of dietetic or hygenic regulations, (6) constitutional disturbances, (7) congenital or acquired deformities and complications, (8) involvement of the urethral adnexa, (9) marital reinfection.

"In addition to the above, some gonorrhœas, as Guiard

has shown, present all appearances of being chronic from their very inception (BLENORRHAGIE CHRONIQUE D'EMBLEE).

"1. Lack of treatment. Despite the efforts of those who have labored and are laboring most assiduously for the true understanding of gonorrhœa, there are still colleagues who dismiss it as a trifling ailment.. This view is transplanted to the public, most of whom cannot understand the need of treatment when they suffer little or no pain, and are barely disturbed by slight inconvenience. Thus unchecked, the gonococci proliferate; they invade the debths of the urethral tissues, make many a nidus in its crypts, glands, and folicles; penetrate the adnexa, so establishing a chronicity which is often very tardy of cure. The patient must ever be reminded that until a cure is effected he carries with him danger of infection to himself and others.

"Misdirected treatment is perhaps more frequently the cause of the persistence of gonorrhœa than are all the others combined. This misdirection at the present time is happily less frequent than it was formerly. But, unfortunately, gonorrhœa is still, in the eyes of the laity, the proper field in which the quacks and nostrum venders may exploit the public.

"Another flagrant means of misdirecting treatment lies in the too prevalent custom of relegating the details of the treatment of gonorrhœa to the patient himself. This is often done, apparently under the assumption that a layman is necessarily born with the knowlege and and skill which the physician attains only after many years' study and experience. The patient cannot know, unless instructed, how dangerous a disease gonorrhœa is, nor can he intelligently and dexterously treat so delicate a canal as the uretha until he has been properly instructed therein.

3. Insufficient treatment is often the reason for a gonorrhœa becoming chronic. When effective care causes pain quickly to disappear and the discharge to be reduced to a mere mucoid excess of urethal moisture, the patient, unless thoroughly warned is likely to leave the rest to nature. How this fair lady treats him is recorded in the history-books of physicians in general, and of genito-urinary specialists particularly.

"4. Over-treatment, too, can maintain a urethral discharge indefinately. The gonorrhœa may long ago have sub-

sided, but an irritative urethritis can be maintained without any specific lesion in the canal to account for it. In these cases, when treatment is stopped, the patient gets well.

"5 Infractions of dietetic and hygenic regulations often insure the chronicity of a clap. There are, however, but relatively few patients, and these among the most depraved, who will not abstain from those indulgences which their physicians tell them are noxious. Indeed, these cases are most exceptional when the patients are properly impressed with the fact that, while they have gonorrhœa, they are a danger to themselves and to others.

"6. Constitutional disturbances, such as depressed conditions from malnutrition, anæmia, lowered vitality from overwork, unhygenic living, dissipation, etc., naturally place the vitality at a disadvantage in the struggle against microbic invasion. Manifestly in such cases local treatment alone rarely suffices to prevent gonorrhœa from becoming chronic.

"7. Congenital or acquired deformities and complications in the genito-urinary apparatus naturally offer mechanical impediments to effective local treatment.

"8. Involvement of the urethral adnexa. When a gonorrhœa stops its external manifestations, even when the urine has become microscopically clear, it is by no means sure that the patient is cured. Experience leads me to urge that no physician is justified in considering a patient cured, after employing all the ordinarily recommended tests, until examination per rectum has shown that the prostate, seminal vesicles, and Cowper's glands are normal. It is these adnexa which so often carry gonococci without giving external evidence of their presence; if the patient then in ignorance of his ailment resumes sexual relations, he not only may cause a recrudescence of the disease, but may also infect others.

"9. Marital reinfection. It has often been shown that a woman can harbor gonococci without presenting even a slight increase of the normal vaginal secretion. Under favorable circumstances she then may innocently infect a man."

Medical Review of Reviews (Oct.) quotes from an article by Dr. Valentine in the New England Medical Monthly as follows:

1. An apparently fresh outbreak of gonorrhoea is not proof positive of a new infection;

2. Non-discovery of the focus or foci of infection should not deter the practitioner from renewed efforts;

3. Treatment can be effective only on discovery of the site or sites where gonoccocci are residual;

4. A tenuous discharge (one that can be drawn in long filaments from the meatus) while generally indicative of prostatic involvement, may evidence a widely dilated minor urethral adnexa or a polypus;

5. The prepondering epithelia are usually indicative of the site of disturbance;

6. Curetting the urethra for purposes of examination tends to results that are misleading;

7. The diagnosis by microscopic urinalysis is most frequently confirmed by clinical examination of the patient;

8. When urine has become microscopically clear, it by no means indicates the patient's freedom from gonococci;

9. No rigid instrument can serve for exact diagnosis of urethral coarctations;

10. For therapeutic purposes, dilators are generally preferable to sounds;

11. Precise diagnosis is obtainable only through the urethroscope;

12. Urethroscopic diagnosis, however, requires completion by microscopy;

13. For diagnostic purposes, the practitioner is warranted in producing an irritative discharge either by drugs, or by the omission of irrigation after dilation, or both;

14. Thc absence of visible glands in the urethra does not prove that none of them are engorged;

15. In the majority of instances enlarged glands and crypts require local treatment, either by cauterization or electrolysis;

16. Retrostrictural maceration of the mucosa favors aggregation of gonococci;

17. Fissures at the external meatus may harbor gonococci.

Dr. Wolbarst in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION SEPTEMBER 28, 1901 gives a general description of the disease as occurring in young boys. The period of incubation and general features are in the main the same as in older patients, but the pain is out of all proportion to the clinical picture presented. The duration is the same as with adults, but the prognosis is better than with adults. There does not seem to be the tendency of the disease to continue in the chronic form, and strictures are not so liable

to result. He has never seen rheumatism develop in these cases. Treatment consists in the maintenance of surgical cleanliness by means of boric acid or even weak bichloride solutions. In anterior urethritis, one-half per cent. solution of protargol may be injected three times daily, being retained for about five minutes. In posterior cases, the urethra may be irrigated with a solution of permanganate of potassium (1-6,000), or with the Thiersch solution. For internal administration, the pure oil of wintergreen, in doses of 5 to 10 minims, in milk or water, three times daily, will be found valuable in some cases. In others, an alkaline mixture containing potassium bicarbonate and tincture of hyoscyamus, will bring relief from the pain and tenesmus.

In two years the author had observed, 22 cases in patients ranging in age from 18 months to 12 years, and, contrary to the common idea that the infection in these cases is generally caused by soiled linen, infected water closets, etc., he believes that the usual mode of infection is not infrequent.

The THERAPEUTIC GAZETTE or July abstracts from the BOSTON MEDICAL AND SURGICAL JOURNAL regarding the curability of gonorrhoea as follows:

The question when is gonorhoea cured, cannot be answered. It will probably never be known when a man whose urethra has become infected with a gonorrhoeal inflammation ceases to be a dangerous person to those with whom he may have sexual relations. Many patients recover, but there are others that do not. Some of these latter certainly do infect their wives. Noeggerath stated in 1872 that 90 per cent. of men infected with gonorrhoea infected their wives, and that men infected with gonorrhoea never recovered. The discovery of the gonococcus since that time does not seem to have markedly changed the force of the conclusions.

Dr. Cabot (PHILADELPHIA MEDICAL JOURNAL JAN 26, 1901) for RAPID ELIMINATION OF THE GONOCOCCUS uses a 10 per cent. solution of argonin, freshly made, introduced hot and supplemented by a swab of cotton, wet with a similar solution, which is passed in while the urethra is still distended. If the disease progresses favorably the strength of the solution be increased to as much as 30 per cent. By this method improvement is noticable; ordinarily, on the third or fourth

day, the gonococci disappear on the sixth or seventh day, and the discharge ceases by the eighth or tenth day.

Dr. Bardwell (Medical News, Sept. 21st,) writing of "The Local Treatment of Gonorrhoea" expresses himself strongly as being opposed to the use of strong injections to abort the disease. He has never seen a clear cut success when the case was a genuine gonorrhoea. He advises against the use of the systemic remedies with the exception of some mild diuretic to counteract the acidity and concentration of the urine that is so frequent. For this purpose citrate of potash, lithia or soda are used.

For the local treatment protargol is most satisfactory. This is generally used in the proportion of two grains to the ounce, and in this strength usually proves satisfactory. In cases that prove refractory, in old cases, or in cases giving a history of a previous attack that lasted a considerable time the strength of the solution is increased in some instances to as much as two per cent.

In a series of thirty cases the only failures were due to errors in administration. The solution should be injected warm and in large amount, and should be retained for at least five minutes.

Dr. Griffith (New York Medical Journal Sept. 21st) presents An instrument for determining the prognosis of urethritis:—

"Surgeons interested in genito-urinary work will, I think, bear me out that the course of a gonorrhoea is wayward. While simple iflammatory urethritis is not a rare disease, by far the most common cause of inflammation of the urethra is the gonococcus, and this germ is the determining factor in forecasting the prognosis of the disease.

Gonorrhoeal patients May be unequally divided into two classes: 1. The large majority, who, taking no thought for the morrow, desire but to find themselves without pain or soiling discharge. These are they to whom the fleeting virtues of the many specifics which from time to time are brought to the notice of the profession commend themselves. 2. The small minority. comprising candidates for marriage and those desirous of a "clean bill of health."

After the morning-drop and all gluing or moisture about the meatus have passed away, the gross study of the course of the disease is based upon the shreds passed in the urine, and, though the so-called "beer test" is used for a provis-

ional prognosis, it is only by continued microscopical examination of shreds and scrapings from the urethra that the surgeon dares approach positive assertions.

As a further precaution in testing for the presence of gonococci in these cases, some surgeons set up a simple inflammatory discharge by means of a strong injection, to dislodge deep-seated germs which may have resisted treatment.

To secure specimens of epithelial cells, either in the form of shreds or scrapings for purposes of staining and examination for gonococci from the urethra, I have devised a bulbous curette.

The instrument may be constructed from the ordinary metal bulbous bougie and of all sizes, to fit the urethra snugly. Removing the bulb from the wire handle, it is to be countersunk until the edge is at the greatest enlargement of the head of the instrument, forming thus a cup with ample space for specimens, when screwed or soldered to the shaft. Inserted gently, with the least possible lubrication, the instrument will reach any depth of the urethral canal and by a rotating, scraping movement will detach specimens as it is withdrawn. Removed from the cup by teasing needles to a cover-glass, the specimen is ready for staining. The chief advantages of this curette are that it is under control and the examiner can follow the situation of the head of the instrument as it is passed along the canal.

THERAPEUTICS.

Suprarenal Extract in Gonorrhea.—Dr. George O. Jarvis, in the International Medical Magazine for September, reports cases of Gonorrhea treated with suprarenal extract, which, by its exsanguinating effect, lessens congestion, facilitates local applications and drainage, and diminishes absorption of toxines.

He gave injections every three or four hours or as often as was necessary to reduce the inflammation, of about one drachm of the following solution:

℞ Suprarenal extract 2 ℥;
Crisol 5 to 10 minims;
Water and glycerine to 1 ℥
M.

The bowels are to be kept well open and proper diet and habits enjoined. This treatment seems to be especially efficacious, as, indeed, might be expected, in the prevention of chordee.—New York Medical Journal.

An Astringent Injection for a Residual Gleet.—Gerald Dalton (Edinburg Medical journal July) says that occasionally astringent injections are required (after the irrigation treatment) in the finishing process, when there is a thin glycerin-like discharge, a useful one being:

℞ Zinc sulphate } of each ½ a grain to 3 grains;
Lead subacitate }
Tincture of Catechu 10 to 30 minims;
Glycerine ½ ℥ to 1 ℥;
Water to 1 ℥.
M. For injection.—

New York Medical Journal

The Treatment of Neurasthenia.—H. N. Moyer (Journal of the American Medical Association) would first secure the patient's confidence, and then employ persistent suggestion—not hypnosis. The patient should not be allowed to discuss his ailments with any one except his physician, while the latter should keep up a careful regulation of the former's mode of living. Rest is the sheet anchor in the treatment, though some patients do well to indulge moderately in golfing. Milk and eggs when digested, are of special dietetic value, and several glasses of water should be taken during the day. While drugs are, as a rule, of little value, some cases are benefited by strychnine in large doses. Agitation and insomnia call for the bromides. Hydrotherapy is beneficial. Exposure to cold air under the precautions employed in tuberculosis has, in the writer's hands, proved of great benefit.—Medical Record.

Suprarenal Extract in Hemophillia.—According to Dr. F. Grumbaum this condition is due to a congenital hyperplasia of the muscular coats of the arteries, and thus suprarenal extract should not have any effect upon it. However, W. Thelwall Thomas (Brit. Med. Jour. Nov. 23, 1901) says that he used the drug most extensively with absolute results. The powdered extract is put on the bleeding surface and five grains given internally every four hours. It is advised that "bleeders" should be given this drug that they may carry it with them on all occasions and that they apply it themselves whenever the emergency shall arise. The writer is of the opinion that, in spite of the pathology of the disease, the drug should have a larger and more complete trial.—Medical News.

EDITORIAL.

H. H. HARALSON, M. D.,
W. B. PIERCE, M. D., } EDITORS.

Entered at the Postoffice at Vicksburg, Miss., as Second-Class Matter.

We have selected as our subject for the exchange column this month a disease that is of the deepest interest to the profession. Wide spread, presenting many and varied lesions, at times most obstinate in character and serious in results. Gonorrhoea has received too little consideration from the profession at large. We are too apt to make light of it, to consider the warnings of the specialists as overdrawn, to confine ourselves to some favorite injection and to dismiss our patient in a condition really more dangerous than when we first saw him. More dangerous because the man with an acute gonorrhoea is apt to take precautions against infecting others, while the man with a latent gonorrhoea may not only cause trouble by illict intercourse but may even marry, infect and kill some innocent and confiding young woman. We do not use the expression hastily, for we believe that the man who kills his wife with gonococci is as much a murderer as one who uses a quicker, less painful method—for instance a club or a revolver. Whether the responsibility rests with the husband or the doctor who told him that he was cured, without having taken every possible means to assure himself that such was really the case, we will not presume to say though we have stroug opinions on the subject at this time when the festivities of Christmas and the New Year are apt to present us with an unusually larger proportion of s h cases, for it is a pitiful truth that Bacchus and Venus seem to receive the largest amount of attention at this period, it appears to us that a word of warning is not out of place. We feel sure that the doctor does so through carelessness or haste rather than from lack of honesty, so we content ourselves with merely suggesting that we wrong ourselves and our profession as well as our patient if we fail to realize and to impress upon him the seriousness of his condition.

MOSQUITOS AND YELLOW FEVER.

Dr. George E Beyer, of New Orleans, in a Communication to the Philadelphia Medicsl Journal, Dec. 23, 1901, Says:

"In an article in your valuable Journalof October 19, 1901, entitled "Mosquitoes and Yellow Fever," I saw myself quoted in two instances, which however, lead me to think that these sentences of mine have been somewhat misunderstood, especially if they are quoted to disprove the possibility or rather ability of transmission of disease by these insects.

It is perfectly true that I could not lengthen the life of any of my mosquitces in captivity beycnd 22 days, but it must be borne in mind that my observations were confined to spring and summer and consequently to a period of full insect activity, but they have no reference to hibernation. Dr. Reed's experiments, quoted also in the above article, were all made during midwinter, and at a time when even in the tropical climate of Cuba these insects are forced to enter into a semi-hibernatian. It may be by reason that the thermal or other conditions are not exactly suitable for the adults themselves or for the development of the eggs and larvae. I am sure, however, that in freedom. Dr. Reed's 71 day mosquitoes would have survived untill such a time when the deposit of their eggs would have also engendered the further development of the larvae. Upon these same thermal conditions, which control the adult mosquitoes, depend, no doubt, the ability of the insect to transmit the disease, (yellow fever), and, instead of requiring an incubation of twelve days or more in mid winter, a much shorter period may be necessary durirg midsummer, as, for instance, quite recently demonstrated in New Orleans, when a period of seven bays was found sufficent for mosquitoes to convey the disease. It is quite true that stegomyia fasciata have, in our section, at least, their winter quarters about the middle of April, sometimes earlier, sometimes later. This, however, can in my opinion not affect the ability of mosquitoes as disease transmitters. An infected mosquito may hibernate, and with it naturally the parasite which it harbors, as was amply proven by Reed's and Carroll's experiments. If, then, it should feast upon some hapless victim after emerging from its winter-retreat

in April, the chances may be that the foundations for an epidemic have been laid then and there. But, on the other hand, as mosquitoes are not as plentiful about that time, no further infection of other mosquitoes may occur, and the patient either recovers or dies as the case may be. Such sporadic cases, unless too pronounced, are usually diagnosed as any thing else but the true disease.

In fact, by reading over the entire article, and for that matter the one of August 3, 1901, as well I feel convinced that the writer on mosquitoes and yellow fever has undertaken too much in his endeavor to contradict facts by unreliable traditions and time-worn theories.

For such stories as, for instance, the one about the recurrence of yellow fever on board the U. S. S. Plymouth in 1879, are no longer tenable if confronted with facts elicited by modern and ever progressive scientific research."

The papers referred to by Dr. George E. Beyer, are those written by Dr. J. H. Purnell, of this city, who stil holds to fomites theory of the transmission ot yellow fever.

It is remarkable, really, what "modern and ever progressive scientific research" is doing for the Medical profession and still more remarkable with what ease and grace the rank and file of the profession fall in line when great truths are announced in consequence of this research. When a truly scientific man makes an announcement of a recently discovered truth few there are who have the temerity to contradict. This condition has come about gradually but certainly and all because of the accuracy of the scientific research of today. It is stated that when Senner made his announcement of the efficacy of vaccination there was scarcely a physician in all Europe over forty years of age who accepted the theory. Little more than a year has elapsed now since Reed made the announcement, furnishing the data of his research, that mosquitoes are the sole conveyers of yellow fever and the whole scientific world has fallen into line, and has lapsed into antiquity.

We know it will be gratifying to the many friends of the popular firm of Parke, Davis and Company to learn that not one of the recent tetanus fatalities following vaccination at Camden, Atlantic City, Bristol, Brooklyn, Cleveland and St. John, N. B., succeeded the employment of their virus. In not a single solitary one of these cases was their vaccine used.

Reorganization of the State Charity Hospital.

Some months ago several Vicksburg physicians addressed a letter to the Board of Trustees of the State Charity Hospital in this city proposing a reorganization of that institution. They proposed to do the medical and surgical work of the Hospital without remuneration in order to reduce the expenditures for salaries and thus enable the Trustees to devote more money to the comfort of the patients.

Briefly stated, the points made by the physicians are as follows:

1. The Hospital now expends in salaries to its surgeons $3.000.00 per annum, in salaries to Secretary, chief of internes etc seven to nine hundred dollars. This can be reduced to $1200.00 by adopting the proposition of the physicians and thus save to the Hospital approximately $2500.00 per annum.

2. It not infrequently happens in an institution of this kind that occasions arise in which the immediate services of a surgeon are needed. The Hospital at this time has no resident surgeon. The proposed change will remedy this.

3. While not desiring to reflect in any manner upon the surgeons now in charge of the Hospital it should be noted that the proposed change will bring to its service men of experience in every branch of medicine and surgery. One notable change will be the addition to the hospital advantages of special skill in diseases of the eye, ear nose and throat.

4. Under present methods the surgeons are elected by the Trustees of the Hospital. For years the Hospital appointments have been in the hands of political factions. The Trustees have been appointed chiefly with the election of some particular surgeon in view.

We feel that we are not attacking any one when we say that political factions are not necessarily judges of medical and surgical ability. By the proposed plan no political motives can enter into the choice of the surgeon and it will be possible for any medical man in the state to obtain this position instead of the office being held solely by residents of Vicksburg.

The proposal was made or indorsed by the following physicians: Drs. R. A. Quin, H. H. Haralson, T. G. Birch-

ett, E. F. Howard, B. B. Martin, E. C. Hunt, J. H. Purnell, J. A. K. Birchett, A. T. Mitchell, W. B. Pierce, G. S Limerick and D. P. Street.

The Board of Trustees of the Hospital declined the proposition saying that the bill authorizing the last appropriation by the State for the support of the Hospital, fixed the term of office of the surgeons at four years, barely two of which have yet expired.

The Board of Mayor and Aldermen of the City of Vicksburg at their first meeting subsequent to the action of the Trustees adopted the following resolutions:

Whereas, certain physicians of the city of Vicksburg have proposed to the Trustees of the Mississippi State Charity Hospital that they will organize themselves into a visiting staff and give to the Institution medical and surgical services gratis, provided the Trustees will elect a surgeon who shall live in the institution, do emergency work, keep the records of the institution and of the Board of Trustees, and exercise general supervision over the institution at a salary not to exceed $1,200 per annum: said physician to be elected by com petive examination from the resident physicians of the State: and whereas, approximately $2,500 per annum, by the adoption of this proposition, can be diverted from salaries of officials to the maintenance of patients of the institution without lessening its medical and surgical efficiency, and, whereas, the Board of Trustees have declined the proposition, now therefore be it

Resolved, That we endorse the proposition made by these physicians and shall advise and insist upon its adoption and enforcement.

Resolved, That the Board of Mayor and Aldermen of the city of Vicksburg will make its usual appropriation for the support of the Hospital conditioned upon the adoption and enforcement of the proposition of these physicians, and that we ask the Legislature of the State of Mississippi to make its appropriation upon the same conditions.

Resolved, That a copy of these resolutions be forwarded to the chairman of the appropriation committee of the Legislature at its next session with the request that they be presented by his committee to the House, and also to the Senate.

The matter is now in the hands of the Legislature, the body that created these surgeons and fixed their term of office. It now rests, not with political factions but with the law givers of our State and we feel sure that a careful examination of affairs will result in the change being made.

BOOK REVIEWS.

A System Of Physiologic Therapeutics.—A Practical Exposition of the Methods, Other than Drug-Giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. H., M. D., Professor of Medicioc and Thrapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferon Medical College; Physician to the Philadelphia Hospital etc. Volume III—Climatology, Health Resorts, Mineral Springs. By E. Parkes Weber, M. A., M. D., F. R. C, P. (Lond.), Physician to the German Hospital, Dalston; Assistant Physician North London Hospital for Consumption, etc. With the Collaboration fot America of Guy Hinsdale, A. M., M. D., Secretary of the American Climatological Association, etc: In Two Books. .Book I,—Principles of Climatotherapy—Ocean Vsyages—Mediterranean, European and British Health Resorts. Book II,—Mineral Springs, Therapeutics, etc, Illustrated with Maps. Price for the complete set, $22.00 net.

These are the Third and Fourth Volumes of Cohen's System of Psysiologic Therapeutics, whose timeliness has already been commented upon.. The first part treats of the factors of climate, with their effect on physiologic functions

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powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the iodides. Indicated in all conditions dependent upon diverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of late syphilis; for the removal of all inflammatory plastic and gouty deposits A remedy in sciatica, mastodynia, neuralgias, lumbago and muscular pains; true gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

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and pathological conditions, and describes the fundamental principles that underlie the application of climates, health resorts and mineral springs in the prevention of disease; and to promote the comfort and recovery of the sick.

The second part describes health reserts; and the third part discusses in detail the special climate treatment of various diseases and different classes of patients. Books II also describes the health resorts in Africa, Asia, Australasia and America.

In Book I ocean voyages are first treated of with considerable detail and theis advantages and disadvantages, indicalions and counter-indications as a therapeutic measure, are pointed out. As very little exact information on this important subject exists in an available form, this chapter should be of great use to physicians. The subject of altitude is treated in a similarly full and definite manner, and not only are we told whatclasses of patients and disorders are benifited by Alpine and Rocky Mountain climates, but also what classes are unsuitable for such treatment. The difference between Summer and Winter climates in Switzerland, and the therapeutic indications for the different seasons are discussed at length. In addition the sea-coast and inland

health resorts of the Mediterranean countries, those of Continental Europe and those of the British Islands, including mountain stations of various elevations, plains, and mineral water spas, are described, with no waste of words, but with a fullness of detail ususual in medical books. Not only geographic and climatic features are pointed out, but also social and other characteristics so important in selecting a resort that shall be suitable to the tastes and means of the individual patient, as well as beneficial in his disease. Throughout this section allusion is made to the special medical uses of the various resorts described, and to the particular form of treatment for which any one is famous.

The existence of sanitariums for special diseases, as those at seaside resorts for scrofulous and weakly children, and in various regions for consumption, nervous affections, diseases of women, and the like, are specified; and the mere lists of such places, as found in the index, are likely to prove invaluable for reference. We know none other so complete. A mere glance at the closely printed pages of the index will show how unusually full is the treatment of special resorts and their particular qualities. Like the preceding volumes these are thoroughly scientific and eminently practical, a combination that reflects credit alike on authors and editor.

MEDICAL NEWS AND MISCELLANY.

GREATEST IN THE WORLD.

Prof. Schweitzer Profoundly Impressed W th Parke, Davis & Co's Plant.--Celebrated Expert Pays a Visit to Detroit.

Prof. H. Schweitzer, one of the foremost chemists in the country, secretary of the American branch of the Society of Chemical Industry of London, England, ex-professor of chemistry in the great Heidelberg University, and a member of the committee on adulterations of the National Wholesale Druggists' Association, is at the Russell House.

Prof. Schweitzer comes to Detroit for the purpos s giving expert testimony in the case against Detroit men charged with counterfeiting trade-marks owned by Farbenfabriken, Bayer & Co., of Elberfeld, Germany. The professor is well known to the courts in the east, as he is almost invariably called as an expert in cases where the questions involved are similar to those that will come before the court in the Detroit case.

ANTISEPTIC SAVING ? ? ?

ECONOMY belongs to every doctor's armamentarium. Antiseptics are a part of the physical economy. Sixteen ounces of fluid containing about 9 grains of inexpensive solids cost one dollar. Eight ounces of Tyree's Antiseptic Powder make eight gallons of Standard Antiseptic Solution and cost 80c. One is water; the other is plain stock; one costs $1. the other 80c. Ninety grains in one: eight ounces in the other. In one you pay more for water and fillings than for solids; in the other way you pay for nothing but the solids; add the water yourself. Eight gallons of one for 80c.; one pint of the other for a dollar. What a saving! Do you wonder at the number of prominent physicians and hospitals using Tyrees Powder? It is the most economical means at hand of getting the full therapeutic value out of the best known agents in leucorrhea and gonorrhea. It is also the safest and surest means, whether of a simple catarrhal non-infectious or of a gonorrheal, syphilitic infectious nature. One teaspoonful in a pint of water makes a guaranteed antibacterial solution. It is antiseptic but not irritant. It is scrupulously made, and its well balanced chemical adjustment has established its ethical popularity.

Sod. bor., alumen, ac. carbol., glycerin, the cryst. principles of thyme, eucalyptus, gaultheria and mentha.

80c. will deliver to you eight ounces. If the results are not satisfactory, I will cheerfully refund the purchase price.

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Columbia Maternity Hospital.

WASHINGTON, D. C.

J. WESLEY ROVEE, M. D., Gynecologist to Columbia and Providence Hospitals, and Clinical Professor of Gynecology in Columbia University, Washington D. C, says: "The sample of Tyree's Antiseptic Powder sent to Columbia Hospital for Women for my use, has give most excellent satisfaction. In Vaginitis and re axed vaginal walls as well as some forms of inflamation of the neck of the uterus, I have found it unusually beneficial."

Old Marion St. Maternity Hospital

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The results obtained from your Antiseptic Powder were satisfactory being used in case of gonorrhea and leucorrhea, and results obtained were most pleasing, relieving the symptoms in both cases. With best wishes,

Very truly,
W. BALDWIN WAYT, M. D.,
Med. Supt.

Western State Hospital of Va.

I have used Tyree's Antiseptic Powder in leucorrhea and vaginitis, and it gives me much pleasure to recommend it use in the various forms of leucorrhea and gonorrhea.

G. H. WALKER, M. D.,
Asst. Physician Female Dept.

Herr Schweitzer is but 41 years old, yet he has reached the very pinnacle of success in his chosen profession. In appearance he is the typical dashing student of the German universities, ever ready to quaff a glass of Rhine wine or bock beer, and just as ready to fight a duel in the moonlight.

The professor has traveled all over the world perfecting himself in his profession, but not until he came to Detroit did he realize the greatness of the Parke, Davis & Co's plant. He said he had heard of it in all quarters of the globe, and yet he did not expect to see such an enterprise in what he called the "middle west of a half-populated country."

Prof. Schweitzer visited the plant yesterday afternoon, and this is what he says he found:

"The greatest industry of the kind in the world, the greatest beyond question. The biological department was astounding. The physical assay work on animals is worth to a student a walk of 1,000 miles. The scientific atmosphere is an inspiration and the ingenious machinery a marvel. I was told that there were employed in the factory alone over 1,500 people, and that the firm has 207 traveling men employed."

"There are five American branches, I was told, and there are manufacturing plants in England and Canada. In the English plant are employed 250 persons. There is nothing wanting in this plant for the production of powerful, accurate, uniform and palatable medication. They have a circulating library for the employes, as well as an emergency hospital, and I understand the employes have decent hours and are well treated."

The professor was asked why such plants are not established in the old world. He said:

"The reason is that in the countries of Europe every druggist is a manufacturer. He compounds his own medicines in the back room of his store. He has his own laboratory, and there he experiments. Here it is different. If the druggists of the old world could have walked through the plant that I walked through to-day, they would no doubt have become discouraged, for they would realize that they could never hope to learn in a lifetime what is learned in that institution every hour."

Prof. Schweitzer will remain in Detroit until the cases before the courts are disposed of. In the meantime he will visit the University of Michigan. This is his first visit to this city, and he expresses himself as being charmed with the city and with its people.

Attorney Allan H. Frazer, who is a friend of the professor, will see to it that he comes in contact with the bright side of Detroit life.—From the Detroit Journal, Tuesday, October 22, 1901.

The Antikamnia Chemical Company's New Laboratory.

Frank A. Ruf, President and Treasurer of The Antikamnia Chemical Company, has just purchased a lot 80x109 feet, on the northwest corner of 22nd and Pine streets, for $20,000.00 cash, on which his Company will begin the erection, early in spring, of a new "Antikamnia Laboratory," five stories high, covering the entire lot. The improvements will cost about $45,000.00, irrespective of the laboratory apparatus and appliances which will be of most approved pattern, from Darmstadt, Germany. The offices and various departments will be fitted with all modern conveniences, making the whole plant one of the most complete Specialty Laboratories in the United States.

The Antikamnia Chemical Company is one of America's if not one of the world's best known Pharmaceutical concerns and justly so. Energy, enterprise and push, backed

We are informed that it is a rare thing for physicians to find a case where Scott's Emulsion of cod liver oil is not better tolerated than the raw oil. In fact, when properly administered, this emulsion usually shows a marked superiority both in its constitutional effects and in its specific effects over cod liver oil in any other form.

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A Practical Exposition of the Methods, other than Drug-Giving, useful in the treatment of the Sick and in the Prevention of Disease.

BY AMERICAN, ENGLISH, FRENCH AND GERMAN AUTHORS
AND
EDITED BY

SOLOMON SOLIS COHEN, A.M., M.D.

Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; formerly Lecturer on Therapeutics at Dartmouth Medical College; Physician to the Philadelphia and Rush Hospital, etc.
Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians; former President of the Philadelphia Medical Society, etc.

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HUEPPE AND KOCH.

The two schools of thought on questions bacteriological are well represented at present by the distinguished investigators Hueppe and Koch. Both men are deeply versed in bacteriology and physiological chemistry. Hueppe emphasizes the importance of the perfect health of the body cell—and the special treatment of the body cell as a means of frustrating the attacks of germ life. Koch emphasizes the importance of destroying entirely all germ life so that there will be no attack.

Of course both men are right. We must destroy all the germ life we can. But since a war of extermination of disease germs is impracticable at present the physician finds a more profitable field for his exertions in preparing the body cells to resist and throw off the attack of germ disease. It is no doubt by this sort of special preparation of the lung cells that hypophosphites and cod liver oil do so much to prevent the progress of the tubercular organism. Scott's Emulsion containing both the cod liver oil and the hypophosphites is a good example of those therapeutic agents which bring immunity by reinforcing cell life.

ANTIKAMNIA AND HEROIN TABLETS IN PREVALENT GRIPPAL CONDITIONS.

Thos. G. Rainey, M. D., L. R. C. P., Resident Physician, British Medical Institute, Atlanta Ga., in a recent article states, that the comparatively new combination of drugs, antikamnia and heroin tablets, which has been so largely used for the control of cough, is also being successfully employed to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm, namely: Asthma, Bronchitis, Laryngitis, Pneumonia, Phthisis, Whooping Cough, Hay Fever La Grippe, etc. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains fivegrains of antikamnia and one-twelfth grain heroin hydrochloride. One tablet was followed by a rapid diminution of pain, and after the third tablet the pain entirely disappeared. In treating the affections enumerated above, the dose is one tablet every two, three or four hours according to indication.

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Complete outfit for Chemical and Microscopical Diagnosis.

Equipment for aseptic surgical work complete in every detail.

Skillful and experienced graduated nurses employed.

Superior Cuisine under the supervision of a well trained cook.

Rooms large and well ventilated, and newly furnished throughout.

Special arrangements for lying-in patients.

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We desire to call the attention of our readers to a change in this issue of the RECORD, in the advertisement of E. J. Hart & Co., of New Orleans.

This firm of Southern Manufacturing Chemists deserves special commendation for the excellency of its "Bismuth Cream." It is now offering to the profession this preparation now known as "Lac-Bismo," which is a sedative, tonic and mild astringent, and is specially adapted for administration to children in bowel and stomach disorders.

RECTAL FEEDING AFTER ABDOMINAL OPERATIONS

Much of the success of abdominal surgery at the present day is attributable to the great care bestowed in the preparation of the patient for operation and the after-treatment. As in many instances the nutrition is more or less seriously impaired, the question of alimentation assumes great importance in the after-management of the case. After operations upon the stomach and intestinal tract it may be, and often is, hazardous to feed the patient by mouth for some time, and rectal feeding becomes indispensable. In selecting foods for nutritive enemas the point to be borne in mind is that the mucous membrane of the lower portion of the intestinal canal has but little digestive power, and hence the nourishment must be presented in such form that it can be easily absorbed. Another point is that the mucous membrane of the lower bowel soon becomes irritable unless the nutritive material is perfectly bland, and also in such condensed state as to leave behind no residue to decompose and act as an irritant. Physiological experiments have shown that when albuminous material is transformed into albumoses it is absorbed almost immediately without requiring any preliminary digestion, and after being taken up into the circulation is rapidly reconverted into serum albumin. For this reason the albumoses are well adapted for rectal feeding, and according to observations of Dr. J. B. Herrick, of Chicago, (Chicago Medical Recorder) and of Dr. L. H. Watson of Chicago, (Medical Review of Reviews) somatose, which is a pure preparation of albumoses, is an excellent nutrient for this purpose. It may be administered alone in solution or in connection with other foods, such as milk and white of egg. In the official report of the case of the late President McKinley (American Journal of the Medical Sciences) it is stated that somatose was utilized in a saline solution in amounts of one drachm at a time. In the article on rectal alimentation referred to, Dr. Watson recommends that the bowels should

Don't Try to Do too Much.

All we wish to do is to state, plainly, in simple language, a demonstrable fact which is daily becoming more evident and gaining wider recognition. A severe and extended professional experience of nearly forty years has firmly established a reputation for "Colden's Liquid Beef Tonic" as being one of the most reliable and effective preparations of Beef, Iron, Cinchona and Brandy, procurable. A second preparation of the same (Ext. Carnis Fl. Comp. (Colden) Form. No. 2) has the Iron omitted.

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be emptied by a preliminary laxative or cleansing injection before administering the nutritive enema. The enema should be given at regular intervals through a soft rubber tube, and should be inserted rather high into the rectum. The amount should not exceed four or five ounces. As soon as the gastric disturbances subside the patient may be given small quantities of food by mouth, gradually diminishing the number of rectal enemas.

Lac-Bismo

A Scientific Combination of medicinal Bismuth Salts. It is presented in a state of minute subdivision, kept fluid by an excess of water. This state of fine division renders its diffusion complete, and facilitates its distribution throughout the intestinal mucous membranes.

INTERNALLY A sedative, tonic and mild astringent; useful in stomach and intestinel disorders, Subacute Gastritis, Gastralgia, Pyrosis and kindred diseases.

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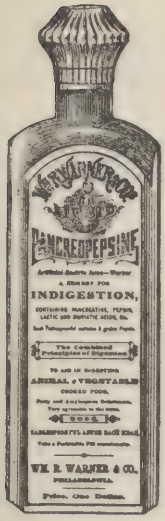
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Mississippi Medical Record.

Vol. VI.] February, 1902. [No. 2.

ORIGINAL CONTRIBUTIONS.

PROPHYLAXIS AND TREATMENT OF SEXUAL PERVERSIONS.--A PLEA FOR MORE RATIONAL METHODS IN SEXUAL EDUCATION.

By E. F. Howard, B. S., M. D., Vicksburg, Miss.

The line of demarcation between the normal and the abnormal in sexual matters is exceedingly indefinite. Those writers who have turned their attention to sexual aberrations have, almost without exception, gone so far afield that to the general practitioner their works are useless except as curiosities. It may be strongly questioned whether these books do not do more harm than good, since they frequently find

their way into the hands of the laity and, being read by them in an improper spirit, not infrequently serve as educators in immorality.

Do not understand me as contending that there is no use for these books for there is in them much exact truth, no matter how distorted it may appear to some, and when used as it is intended by their authors that they should be used, they teach us many things of which the majority of us are densely ignorant—and ignorance is after all the one inexcusable crime. But what the profession wants; and, so far as I have been able to find out, what it has not yet found; is a work treating of conditions varying but little from the normal. Mr. Ellis ("Studies In The Psychology Of Sex") has approximated this more nearly than any writer yet consulted but even his book will not do for general circulation.

It is an unfortunate commentary on our so-called civilization that the higher we ascend in the scale the less such matters are considered. Our children grow up totally ignorant of sexual matters so far as any rational teaching is concerned. We educate them in religious matters; we see that their food and clothing are sufficient and proper, and that they are taught what is best for them to eat and wear; we send them to expensive schools, and if they have any special tendency we stint ourselves that they may have the best instruction available—but in sexual matters, in what constitutes one of the chief elements, if not THE chief element, of their happiness and well-being, we not only avoid but taboo the subject, and leave them to be educated by some dissolute playmate or servant. By following this course we undo all else that we have done for them. We try to form them to be good citizens, good fathers and mothers, but by leaving out this most essential part of their education we risk ruining their happiness, their intellect, their health, their very lives.

We have long followed the "let alone" system. It is time we were up and doing. What we need is light on this subject. If we could keep all young men and women in total ignorance of the fact that they had such things as genital organs until they were safely married, we might perhaps afford to let things alone and not talk about them. As we cannot, we can best serve the interests of humanity by introducing the novices, at a proper age, to a knowledge of themselves.

Ignorance in such matters is a predisposing cause to perversion, in that the greater the innocence the more apt is the individual to listen to the tempter.

Perversion is not only a habit, it is a disease—a contagious disease, and "the taker presently runneth mad." As in all diseases, prophylaxis is better than cure. This consists, as again in similar conditions, in isolation and preventive medication. So far as isolation goes, we can only isolate the individual we desire to protect—and as this is hardly practicable, since we can never be sure the isolation will be complete, we must turn to the other mode and use, if I may be permitted the expression, a moral vaccination.

This would consist of a full and plain-spoken description of the difference between the sexes; together with information about the sexual function, its use and its abuse. Note that I say a FULL description. Here as elsewhere "A little learning is a dangerous thing." It will not do to merely outline our subject, for this would probably result in the novice trying to fill in the outline by practical experimentation. Man, being a reasoning animal, wants to know the cause and effect of everything, and unless our description be complete and clear we will do nothing more than excite the curiosity and increase the danger. And since parents as a rule have but little accurate information on this subject, and would generally exaggerate matters, this instruction could probably be best given by a medical man—or woman. It will not do for us to plead the embarassment of such a procedure as an excuse for our failure to perform our duty, If we are to justify our proud claim that we are educators of humanity we must face this condition of affairs, unpleasant though it may be.

The claims of those old-fashioned people who hold that the young bride should be taught all that she knows of sexual matters by her husband will not hold water. That such ignorance is not desired even by the husband is shown by the well-known fact that, other things being equal, the widow is more dangerous to the peace of mind of a young man than is a young girl. As an example of this note the words of the immortal Mr. Weller: "—be werry careful o' vidders"—"I don't know how many ordinary vimmen a vidder is ekal to in comin' it over a man, but I thinks it's five-an'-twenty." It is well known also that women physicians frequently marry medical men, so frequently, indeed, as to lead to the belief

that there must be an attraction caused by their mutual knowledge. And these things occur with sufficient frequency to show us that the ethical side of the point at issue may be disregarded—or if disregarded that it is at least so small it ought to be set aside if by following it we, as is undoubtedly the case, run the risk of leading our innocent children into dangers and temptations bearing so materially upon their future lives.

It may be contended that such knowledge may lead to immorality among certain yonng men and women who if properly guarded might be kept from temptation. This is quite true. Many men and women never become capable of caring for themselves in any way, and "Strong meat belongeth to them that are of full age, even those who by reason of use have their full senses exercised to discern both good and evil." I do not speak of special cases, for in such no rule can apply, but of the clean, healthy youth of our land who, if they are to take their places in the world as strong, pure men and women, must learn to rise above temptation.

As to treatment of an already acquired habit we may use, first, an appeal to the reason and, second, a change of environment.

If the habit be not too strong a timely word may accomplish much. But it must be the right word. We must not exaggerate matters for by so doing we may cause only despair on the part of the patient, who will be led to think of himself as the victim of a habit that will inevitably wreck his life—if indeed it has not already done so—by reason of which he may abandon hope and sink even deeper into the mire.

We should hold out hope to the unfortunate and treat him as a fellow man. As a rule, he is not irretrievably ruined. I believe, for example, that the most frequent of all sexual perversions, masturbation, is much less injurious than is popularly supposed—its chief harm lying in the drain upon the system, since masturbation is apt to be more frequent than normal sexual intercourse, and in its unfitting the masturbator for proper sexual gratification. In justification of the first statement see Sturgis' "Sexual Debility In Man." pp. 93-94: In men who masturbate no more frequently than they would practice intercourse in ordinary married life—"the results, so far as my experience goes, seem to be but little, if at all, different from what they would be if coitus were indulged in"—"the danger in masturbation is in the

frequency with which the act can be performed in comparison with sexual congress; if a man could cohabit as frequently as he can masturbate the risk would be as great, because the nervous exhaustion would be as marked, and that is the danger point in both cases."

In illustration of this I recall a case, in some respects one of the most remarkable of which I have ever heard, that shows very clearly how satisfactory function may continue in an occasional masturbator. An occasional, though fairly frequent, masturbator—a man of large means—married a beautiful young woman from a northern state. Ten months after marriage the wife gave birth to a large, healthy boy. Four months later she went to her former home to show it to her parents. She was absent two or three months. Each succeeding summer she paid them a visit of about similar length. This man told me that before his marriage he had masturbated on an average of twice or three times a month. In the month or so immediately preceding his marriage it had occurred "a little more frequently." During married life he had not masturbated when his wife was with him—"even when connection was impossible, as at the end of pregnancy." In five years she bore him three children. When she was away from home, on the occasions of her annual visits to her parents "she would not be gone two days before the desire (i. e. to masturbate) returned." During her absences he masturbated much more frequently than he had ever done previously. Nine months of each year, then, this man lived a normal sexual life, without any temptations to perversion—three months, approximately, he was a pervert. Normal sexual intercourse, strange to say, gave more pleasure than masturbation, but he did not have recourse to prostitutes for fear of infection. Had he been single he would have done so, but he feared that he might, in turn, infect his wife. She, moreover, enjoyed intercourse with, him showing that his ability to gratify her had not deteriorated.

The picture is not a pleasing one but it throws light on several points. A man need not be spoiled for sexual intercourse by occasional masturbation, nor is he to be considered unfit for the ordinary vocations of life on account of it. This man managed a large mercantile establishment with exceptional ability; was a loving, considerate husband and father; an active worker and generous contributor in his church; and was highly respected by the community in which he lived.

If this is the case when masturbation occurs during married life how much more so ought it to be true in those instances where the habit is abandoned and the system permitted to recuperate. It gives us some hope to hold out to the unfortunate, and we may be quite sure that unless we can do so no good will result from interference.

As to masturbation unfitting the individual for normal sexual gratification I recall two cases of men who told me that though only very occasional mastubators, in both cases masturbation had been indulged in for quite a long time before normal intercourse had been attempted, they had become so constituted that connection with women was practically impossible owing to premature ejaculation. Von Krafft-Ebing's well known work "Psychopathia Sexualis" fairly teems with similar cases.

So we have enough of real danger to face without exaggerating matters, though the pallid countenance, ashamed expression, tottering gait and feeble intellect of the excessive masturbator are such rare symptoms as compared with the total number of victims of this habit that they may well be left to specialtists.

A change of environment may accomplish much in the treatment of this habit. The robust, healthy youth, leading an out-door life, is much less apt to be a pervert than is the "girl-boy" who is noted for his gentle manners and quiet, lady-like demeanor. Perversion being, at least in its early stages, more of a mental than a physical evil can be best handled by striving to produce the CORPUS SANUM without which we can never have the MENS SANA.

The youthful pervert being generally a product of his environment (ie. of his companions) can hardly be expected to improve unless something be done in this direction. Give him new scenes, new faces, new influences, a new life in which he can play a man's part—all these will help him to a better mode of living.

We cannot expect that all humanity will lead normal sexual lives any more than we can expect them to live normal physical or mental lives. One man is a subject of phthisis, another abuses his alimentary apparatus, another neglects his mental developement. We see all these things daily without comment. Why then should we hold up our hands in horror and damn the man who abuses his sexual apparatus? It is a plain case of neglect and vicious training. As a

rule the man is not to blame, since he is a victim rather than a sinner. Upon us, his parents and his educators, rests the reproach, aud if we stand aloof and shun the unfortunate the reproach is all the greater.

Since prevention is better than cure, since our duty is clear and plain, I would urge that we treat our boys and girls not as tottering infants but as rational human beings, capable not alone of all that is bad and vicious but of all that is good and pure; and that we educate them in sexual matters, as we do in all others, as the best means of preventing perversions. And when the habit already exists I would treat them with charity—giving them help and encouragement and, above all, hope—instead of assuming the pharasaical air and giving them to understand that they are outcasts and moral lepers.

REMARKABLE LOSS OF WEIGHT IN HEMOPHILIA.

By M. F. Coomes, M. D., Louisville Kentucky.

Last Saturday I saw a man, a hemophilia, who had an abcess opening into the mouth on the left side of the inferior maxillary a week ago. At the time the abcess was opened the man weighed 253 pounds; Saturday morning he weighed 200 pounds, having lost 53 pounds in less than ten days. This does not seem credible, but he said he could vouch for its truthfulness.

It was a curious case, the man knew he was a bleeder, he had been to a dentist, he had an ordinary abcess at the root of a tooth on that side, and the dentist made a cut three-quarters of an inch long in order to evacuate the abcess. It bled like an artery had been severed, the wound was finally packed with cotton and peroxide of hydrogen to stop the hemorrhage; it continued to bleed and as it bled the packing would fall out and then there would be another gush of blood. The man stated that he believed he spat from his mouth a pint of blood a day for ten days.

He was brought to me to know what to do. He objected to having cotton in his mouth. I turned the clot out and put two stitches in closing the wound, then put a compress outside with adhesive strips, and he has had no more bleeding. Previous to this the wound could not heal because the constant bleeding kept it open. Healing will now probably take place.

DISCUSSION.

Dr. T. P. Satterwhite:

It seems to me the case mentioned by Doctor Coomes was one in which the supra-renal extract would be especially indicated. Extremely favorable results have been claimed for this agent in various conditions, and if would stop hemorrhage in a bleeder it would certainly prove a very valuable remedy.

Dr. J. W. Irwin:

I asked Doctor Coomes if his patient was a beer drinker. This fact sometimes has a great deal to do with the loss of flesh. Some of those men employed by breweries who drink from sixty-five to one hundred glasses of beer a day, when they get sick it is not surprising to see them lose from five to ten pounds in weight each day. On the other hand day laborers, men who work on the streets, and live on a spare diet, who take a drink occasionally, perhaps get drunk now and then, if they lose five to fifteen pounds a day it is due to some wasting disease such as Asiatic cholera. But it is unusual for a person to lose as much as five pounds per day during a fever. The case reported is a remarkable one.

As to the question raised by Doctor Satterwhite, the use of extract of supra-renal capsule: I think its principal indication is its local use. I have employed it in a couple of cases of bleeding, and have seen no satisfactory result following the internal administration of the drug; I have used it in tablet form, the fresh tablet, prepared by Parke, Davis & Co.; I have given as much as ten tablets at a time which contained one grain each of the pure supra-renal extract. I could see absolutely no effect from the drug administered internally, but locally it had some styptic effect, and its styptic effect perhaps equal to a solution composed of ten drops of tincture of the chloride of iron to the ounce of water. I do not think it deserves to be recommended to any great extent. It is one of the most recent departures in animal therapy, and animal therapy has not yet been sufficiently tested to say that it will yield the most wonderful results. I am waiting for information showing better results before employing animal therapy.

Dr. H. N. Leavell:

I have had considerable experience with supra-renal extract, and my experience is that it is good as a protective

measure, but not strictly speaking an hemostatic. In operations upon the nose or eye, there is nothing which is more efficient to prevent hemorrhage; but after hemorrhage has begun, after the operation has been in progress a few minutes and hemorrhage has started, supra-renal extract is not of much value. Its principal value lies in the fact that it is a preventive of hemorrhage, not a hemostatic.

Dr. M. F. Coomes:

I asked particularly if this patient was a drinking man, and he said no. It is rather remarkable for a man to lose five pounds per day for ten consecutive days where his flesh is solid as this man's was.

As to the supra-renal extract: I used it around the wound thinking it might have some effect in lessening the bleeding. I frequently use it about the nose, eye, and throat with good results. This man had been bleeding ten days, and was in no condition for experimental work.

ABSTRACTS AND EXTRACTS.

The Ppiladelphia Medical Journal, Nov. 23, 1901, gives an interesting "Historical Note on Smallpox" by Dr. Jas. Tyson, of Philadelphia:

"It is probable that smallpox prevailed in China many centuries before the Christian era. It is believed to be the same disease as the pesta magna described by Galen, in the latter part or the second century. It is known to have prevailed during the sixth century and again during the Crusades. The first accurate description was, however, given in the ninth century by Rhaze, an Arabian physician, and distinguished by him from measles. It is thought to have been introduced into America by the Spaniards early in the sixteenth century. Sydenham's classic description was made in the seventeeth century. In 1796, Juncker wrote that 400,000 lives were lost yearly in Europe by smallpox, and in 1803, King Fredrick William of Prussia published an edict to the effect that 40,000 died annually in his Kingdom of the same disease.

Inoculation of smallpox with a view to securing immunity from subsequent attacks was introduced into England in 1718 by Lady Mary Wortley Montague, the wife of the British Ambassador to Turkey. It was, however, practiced

for centuries previous to this in China and other Asiatic countries. It was introduced into Germany in 1721, put was not popular until 1740.

As to vaccination the peasantry in various parts of the world, particularly in England, had learned some years before any systematic observations were made that the sores on the hands of a person who milked cows affected with cowpox conferred immunity from smallpox.

It is said too, that a Dorsetshire English farmer successfully vaccinated his wife and two sons as early as 1774 from a cowpox on himself. In 1791, Plett, a Holstein schoolmaster, vaccinated three children, in one case on the finger-tips. This caused such inflammation that he refrained from repeating the experiment, but the children escaped the epedemic in 1794. Edward Jenner, while a studeut of medicine, learned of the traditions on the subject, and conferred with his preceptor, John Hunter. He settled the question effectually May 14, 1796, when he vaccinated a boy, James Phipps, with the matter from a kine-pock on the hand of a dairymaid, Sarah Nelmes, and on July 1, introduced into this boy pus from a smallpox pustule, without effect. Two years later —June, 1798,—he published his celebrated "Inquiry into the Causes and Effects of Variolae Vaccine," illustrated by four plates, and within a year or two vaccination became general over the continent of Europe.

Vaccination was introduced into the United States July 8, 1800, by Benjamin Waterhouse, Professor of Physick at Harvard University, who vaccinated his own children, and about the same time into Philadelphia by John Redman Coxe, who vaccinated his oldest child and then tested the experimented by exposing him to the smallpox. The reliance on the protective power of vaccination in America was strengthened materially by this bold act. . President Jefferson was instrumental in introducing vaccination in the Southern United States."

"Smallpox and the Seasons.—The occurrence of an outbreak of smallpox at the present time of year, which is out of the common course, is a matter of some interest, both in regard to immediate prospects and to the outlook for the future. The seasonal curve of smallpox mortality is a simple one, that is to say, it has one rise and one fall per annum. Taking the mean of a number of years, the maximum mortality occurs between January and May, when it rapidly falls, the

minimum being reached in September. From this point it gradually rises again through October and November, and runs up quickly in December to its maximum in January and February. The fact, then, that the present outbreak began at the bottom of the curve, that is, at the time when, under normal conditions, the tendency to smallpox is slight, may by some be taken to indicate that it will be easily dealt with. We do not, however, think that such a view is tenable, in the light of past experience. When we find an infectious disease gradually dying away at a certain season, year after year, notwithstanding that during the preceding months of maximum prevalence the dissemination of its infection must have been at the highest. it is clear that there must be at work some influence, we know not what, but something connected with the season to account for the phenomenon, and we cannot but believe that an infection accidently imported during that period of decreasing prevalence is comparatively unlikely to extend. When, however, we find that at a given season, as also happens every year, the disease begins to spread, notwithstanding that the foci of infection must be at the minimum, we have to admit that there is some hidden influence at work to cause this result, and again in our ignorance of its exact nature we have to describe this as "seasonal," a something which makes up at such seasons of the year more potent for evil than at other times. Now, let us apply all this to smallpox. The present ontbreak has occurred at the very bottom of the cnrve, when, under ordinary circumstances smallpox is at the minimum. So far so good. Evidently the season favors our efforts to suppress it, and for the present we may succeed. But the infection which is now being spread abroad by these cases comes into operation at the very season of the year at which, as the natural history of the disease shows, a very little infection always goes a long way. Hence we must not be misled by the fact that this outbreak has so far shown no marked tendency to become epidemic. What we have to think of is what will happen in the early spring. We know that the seed has been sown, and not until harvest time arrives can we be sure that it has not taken root.—Hospital.—Medical Record Nov. 16th.

Dr. Geo. M. Kober, professor of Hygiene at Georgetown University, in his oration on State Medicine at the meeting of the American Medical Association, spoke as follows of smallpox and compulsory vaccination:

"In this connection, attention is invited to the undue prevalence of small-pox in the United States; the total number of cases reported to the U. S. Marine-Hospital Service during the past fall and winter, up to March 29, was 11,964. as compared with 7,279 case for the corresponding period of the preceding year, and is doubtless due to neglect in vaccination. Dr. Abbott estimates the vaccinated portion of the inhabitants of the United States at not far from 90 per cent., and the revaccinated portion at probably 50 per cent. With the introduction of glycerinated animal lymph every vestige of prejudice against vaccination should cease, and compulsory laws should be enacted in every State, so that small-pox here, as in the German army, may become practically unknown. While quite a number of States have enacted laws requiring that unvaccinated children shall not be admitted to the public schools, it is believed that these laws are not rigidly enforced."—Sanatarium, Aug. 1901.

In the New York Medical Journal Sept. 21st appeared six essays from subsribers on the subject WHICH FORM OF VACCINE DO YOU PREFER, DRIED LYMPH OR "GLYCERINATED" LYMPH?

After vaccinating some hundreds of school children, limber-jacks, prisoners in county jail, etc., Dr. Weston, of Duluth, Minn., gives as his opinion:

"The reason I prefer points to glycerinated virus is because they are more thoroughly, they are more apt to take, they protect more thoroughly, they modify the disease if already contracted, and what they do they do quickly. In the presence of an epidemic, time is of exceeding great value, and the advantage of using a point, which takes in four days, instead of a preparation that takes in from seven to nine, needs no argument. It is admitted that the weakness of the glycerinated virus is its extreme attenuation in the process of freeing it from objectionable elements. There is such a thing as being colorless in the effort not to offend, and it seems to me that the only way to use glycerinated virus is on a patient who will submit to repeated vaccinations, one after another, until the effect of them all equals that of one good, point."

Dr. Cochrane of Albany, N. Y., gives four advantages of glycerinated lymph in glass tubes:—

1. Purity.
2. Efficacy.

3. Character of Vaccination. Less danger of infection.
4. Convenience. Especially in warm climates.

Dr. Shandy of Syracuse, N. Y., prefers the glycerinated lymph on points because.

1. It is quicker.
2. There is less danger of infection.
3. There are a greater percentage of successes.
4. There are fewer cases of protracted healing.

Dr. Grandy, of Norfolk, Va., gives his method of vaccination as follows:

"I first wash the skin with absorbent cotton saturated with alcohol, which, after cleansing the skin, dries quickly, leaving no residue of antiseptic to destroy the vaccine. I then ignite a bit of the cotton and sterilize my needle in the alcohol flame. Then, the arm having dried thoroughly, I scarify a small area with the needle, being careful not to draw blood. After squeezing a drop of the glycerinated lymph on the abraded surface, I rub it in well with the needle, which I have been careful not to contaminate in the meantime. The sleeve should be kept up fifteen minutes to allow the body to absorb the glycerinated lymph. In vaccinating negroes, I watch them to see that they do not purposely wipe off the lymph—a thing which they repeatedly do, to prevent the vaccination from taking. Finally, I pin a piece of sterelized gauze over the place and tell the person to keep it on for twenfy-four hours."

Dr. McQuillin, of Brookly, N. Y., writes:

"With the dried lymph no preservative is used; in the glycerinated form the pulp is mixed with glycerin, which acts as an antiseptic solution, preventing the growth of microbes, while it has no harmful effect on the pulp itself. A lot of glycerinated pulp, when freshly prepared, shows many colonies of microbes, but as time lapses they die off, so that at the end of fifty or sixty days it is absolutely sterile and will remain so for over a year if kept at a low temperature. It goes without saying that the glycerinated lymph must be kept in a sterile and air-tight receptacle, or it will be no better than the other form of lymph."

Dr. Edgar Smith of Chicago, prefers "glycerinized" lymph.

1. Because the lymph is in an air-tight container which excludes the air and other sources of contamination. 2. Because the glass is a poor conductor of heat, and the lymph is

not subject to such sudden changes of temperatnre. 3 Because the glycerin is a preservative. These advantages do not hold for the dried lymph."

"Characteristics of Genuine Vaccination.—At the meeting of the County Medical Society, Nov. 13th, Dr. Jay F. Schamberg read for Dr. Wm. Welch and himself a timely article on the above subject. The different stages in the evolution of the vesicle were described and the subject of what constitutes a successful re-vaccination considered. The statement was made that a re-vaccination should not be expected to be like the primary one. It is no more reasonable to expect the typical course in a re-vaccination than it is to expect smallpox after vaccination. The pock should go through the various stages, but not with the severity of a first vaccination. The modified course of the re-vaccination removes all liability to the disease. One of the most frequent false vaccinia conditions is that in which about the seventh day there is, instead of a vesicle, a hard, reddened area resembling a nevus. This is not protective." —Medical News' Nov. 23, 1901.

"Vaccination During Pregnancy and the Puerperium and in the New-Born.—The results of vaccination in over a hundred cases belonging to these groups are stated by H. Palm (Fortschritte d. Med., Oct. 15, 1901). Vaccination during the last four months of pregnancy was entirely successful, producing no troublesome phenomenon whatever. In view of the tendency of variola to run an especially severe course in pregnant women, the latter should receive prompt vaccination or re-vaccination whenever exposed to smallpox. Palm found that he could successfully vaccinate new-born infants of mothers vaccinated during the latter months of gestation; the fetus is apparently not protected by the vaccination of the mother. Vaccination is declared to be absolutely without danger during the first week or even the first day after birth. Even prematurely born infants will bear vaccination well and should be vaccinated in the presence of a smallpox epidemic."—Medical News, Nov. 23, 1901.

Dr. Soiland in a series of one hundred and fifty cases of smallpox in private practice (Journ. American Medical Assn. Oct, 5, 1901) noted the following points:

"Not one of the cases in my district had been vaccinated, and not one person who was successfully vaccinated contracted the disease. The significance of this statement will be

realized when we consider that these people were very careless about exposing themselves, and would mingle daily with those who were already stricken, and when not actually watched, would spend some time visiting houses where probably five or six patients were in bed with smallpox. About 350 persons in all were vaccinated, and not a single one of these contracted the disease, although they were all exposed at different times.

In this connection one peculiarity was noticed which happened altogether too frequently to be due to mere chance. When one member of a family came down with smallpox I would immediately vaccinate the other members, one or two of whom would not react, and these would subsequently develop smallpox, but at a comparatively late period. Often in a family of five or six the father would take sick first. If the others had not already been vaccinated they would then submit to it—usually under protest—and within a week two or three would respond favorably, but one or two would fail to take. I would then revaccinate these as often as practicable, but would get no reaction. Now, after several weeks, and when the other members of the family had recovered, those who had failed to react to the several vaccinations would invariably come down with smallpox: I can not say whether the personal resistance against it was the factor."

In American Medicine (Dec. 7, 1901) Dr. Wilson, of Philadelphia, writes of Tetanus Appearing in the Course of Vaccinia. In all the cases reported to date the following points are noted:

1. "In every instance and contrary to the rule of tetanus the so-called secondary infection has appeared at a very late date—from the twentieth to the twenty-eighth day from the time of vaccination." Tetanus seldom requires longer than two weeks to present the characteristic symptoms.

2. "All of the cases have been fatal." This is contrary to the rule, if it be supposed that the tetanus toxin was introduced at the same time with the vaccine virus. In tetanus a long period of incubation gives a mild attack.

3, "In not one case was the wound properly cared for throughout the course of the vaccinia."

The following conclusions are drawn:

1. That the lack of care of the vaccination lesions rendered tetanus infection easy.

2. Granting for argument's sake that the vaccination

caused the tetanus—the delayed form of the disease has never before shown such a mortality as one hundred per cent, and this in spite of the use of antitoxin in the first twenty-four hours.

3. The cases observed up to this time point to a neglect on the part of physicians in failure to instruct the patient as to the care of the wound.

(To be continued.)

THERAPEUTICS.

Duration of Immunity by Diphtheria Antitoxin.—Henry D. Jump, Philadelphia Medical Journal, concludes that: (1) As diphtheria antitoxin is practically harmless, all exposed persons should receive an immunizing dose in proportion to age; (2) Two hundred and and fifty units should be given to children under two years and five hundred to all others; (3) The immunity will last for at least three weeks, provided a reliable antitoxin is used; (4) All exposed persons should be removed from infected surroundings, either by thorough disinfection of their own quarters or by removal to other places. If this is impossible, the immunizing doses must be repeated every third week.—Medical Record.

A Plea for the More General Use of the Active Principles of Vegetable Drugs.—George E. Blackhan, American Medicine, sums up the advantages of the active principles of drugs or their salts as follows: (1) Precision: being definite chemic compounds, their composition must always be the same and their action uniform. (2) Portability: being active principles, stripped of gum, coloring matter, and other extraneous matters, the dose is necessarily comparatively small, and a larger number of doses can be carried in the same space. (3) Safety: this is a result of their definite composition and uniform strength. (4) Effectiveness: the smaller dose is more readily absorbed, and therefore more quickly and certainly effective. (5) Palatability: this is perhaps a matter of minor importance, yet not to be disregarded. On account of smallness of dose it can be effectually concealed in a tiny granule which can be readily swallowed by the most fastidous.—Medical Record.

EDITORIAL.

H. H. HARALSON, M. D., EDITOR.

Entered at the Postoffice at Vicksburg, Miss., as Second-Class Matter.

SMALLPOX

The PHILADELPHIA MEDICAL JOURNAL of November 16th 1901 in an Editorial on the "Municipal Control of Small Pox" gives the following warning:

While it is of great importance, when smallpox actually exists in a community, to care for the disinfection of all persons and things that come in contact with the patient, the real control of smallpox depends upon the thoroughness with which vaccination and revaccination are carried out in that community. There is great danger that we shall forget this essential prophylactic feature and that the statistics of vaccination and of revaccination in relation to smallpox in the German army shall have become so familiar that they shall be treated with contempt."

This is so evident that we offer no excuse for devoting so much space in this issue to this well-worn theme. Our illiterate and "sockless" population bears too large a proportion to the total number of our inhabitants for us to dare relax our vigilance. In such matters we are supposed to guide our fellows. With us the anti-vaccinationists cut no figure, and with us smallpox claims its victims not from those who

have refused vaccination but from those who could not get it or did not know their danger. Deaths from this last cause lie at our door and it is "up to us" to see that we have no more such causes for self-reproach. The unfortunate sequelæ to vaccinations recently reported in the north, notably at Camden, N. J., and Philadelphia, Pa., should serve us as warnings not against vaccination but against careless methods. There is every proof that these cases were infected subsequent to vaccination, and when we consider how the average vaccination lesion is treated—how frequently it is inspected and handled "to see how it is taking"—we can only wonder that such misfortunes are not more frequent.

In our next issue we will continue the discussion of smallpox, treating of the disease itself, since we believe that a subject of so vital importance cannot but interest our readers.

STATE BOARD EXAMINATIONS.

We fully agree with the Philadelphia Medical Journal in the statement that "examinations in physiology, chemistry, histology, bacteriology and materia medica should not be included in the list of state examinations. These branches are part of the preparatory work of the medical course, and all that is needed is a moderate scrutiny of the college methods to acertain that the work is being in its proper place. The state examinations should be limited to pathologhy, surgery, gynecology, obstetrics, practice and hygiene. This limitation would give opportunity for more thorough examinations in these branches than is now practicable and permit even of some practical exercises. If it be thought necessary to continue the examinations in the theoretic branches, such examinations should take place just after the close of the study of them and not after the candidate has been at least two years engaged in other lines."

State examining boards frequently have applicants before them who have been in the practice a number of years. These men usually come from other states, where they have been practicing under the laws of the states whence they come. They probably have been out of college for many years and as a rule the questions on these preliminary branches are technical and their ability to answer depends alone upon memory and is of little value as an evidence of education in medicine or of intellectual ability.

Every state examining board should be given authority

under the law to practice reciprocity with such states as they consider equal to their own examination requirments.

NATCHEZ HOSPITAL.

We have received a copy of the "Biennial Report of the Natchez Hospital 1900 and 1901." This institution is conducted in a manner that reflects credit upon its surgeon and trustees. It is really remarkable how much work and how many improvements are being accomplished with such a small sum of money. Some time ago the writer had the pleasure of visiting this hospital and was shown over it by the surgeon, Dr. E. F. Brown.

During the years 1900 and 1901, 3,891 patients were treated in the wards of the hospital and 6,124 in the out-door clinic, making a total of 10,015 treated in the two services. This shows more patients than were treated in the Vicksburg Hospital, yet this Hospital has two surgeons "with equal rank and equal pay" while the Natchez Hospital has only one surgeon. Dr Brown is one of the best surgeons and physicians in this State and really ranks among the best surgeons in the South. He has made the Natchez Hospital a great success, and we trust his services will be recognized by the Legislature and the Hospital given more money for its support and further improvement.

AMBULANCE CHASERS.

According to the New York Sun a new type of lawyer has sprung up in that city. He is called an "Ambulance Chaser." His aim is to drum up damage cases against firms and corporations. Since the recent frightful tunnel disaster in New York these men have been unusually active and bold. They have tried to force their way into the hospitals to the bedside of injured and dying men in order to secure retainers in prospective damage suits. This is a new phase of medico-legal practice. We are credibly informed that the same thing is not unknown in the hospitals of Philadelphia. —Philadelphia Medical Journal.

The same charge has been made against the State Charity Hospital of Vicksburg, and if it is true it is to be deplored. Corporations, in the way of taxation, are large contributors to the suport of hospitals and the authorities in these institutions should not countenance such pernicious practices. Their "pets" in the legal profession should be aided in some other way.

SUBSTITUTION.

The Farbenfabriken of Elberfeld Company furnish a history of substitution that should arouse the medical profession of this country to a sense of the great danger of this nefarious practice. The protest of these manufacturers is earnest and just. "Both the physician's reputation and the welfare of his patient are at stake in this matter." In protecting themselves against these criminal practices they are protecting the medical profession. We were impressed that much substitution is being practiced but we had no idea to what a dangerous extent until we read the history furnished by the manufacturers of aristol, phenacetin, sulfonal and trional. Physicans everywhere should warn their druggists against these practices.

Joathan Hutchinson, F. R. S., General Secretary of the New Sydeham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the society to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology", selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the Society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership, in order to extend its work.

NEW ORLEANS POLYCLINIC.

Fifteenth Annual Session Opened November 4, 1901.

Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work.

For further information, address Dr. Isadore Dyer, Secretary, NEW ORLEANS POLYCLINIC, Postoffice box 797, New Orleans, La. tf

MEDICAL NEWS AND MISCELLANY.

Messrs. Battle & Co., St. Louis, Mo., have issued a brochure on smallpox which will be sent to any physican, without cost, making the request.

A LESSON FROM THE MASTERS.

The study of the practice and teachings of the really great men in medicine is a fruitful source of knowledge and practical guidance in the management of disease. Two principles are clearly recognized; first, that Nature possesses the ability to successfully combat the acute infectious diseases without the necessity of resort to powerful drugs for the relief of spmptons; second. that treatment is most successful which is most simple and which has for its object the reinforcement of Nature's methods of antagonizing the encroachment of the disease processes. The application of these principles constitutes the most successful methods of

"THE BEST ANTISEPTIC

is undoubtly that which is the least harmful to the man in the dose required for asepsis."—M. Dujardin Beaumetz.

LISTERINE

a safe, trustworthy, non-tonic antiseptic, answering every requirement of the physician and surgeon. In special practice, notably Laryngology and Rhinology, Listerine occupies an unrivaled position by reason of its excellence and wide range of utility.

An interesting little brochure, entitled:
"The TREATMENT of DISEASES of the RESPIRATORY SYSTEM,"
will be mailed to your address, upon application

LAMBERT'S LITHIATED HYDRANGEA

A remedy of acknowledged value in the treatment of all diseases of the urinary system of especial utility in the train of evil effects arising from a uric acid diathesis. A phamphlet treating of "Renal Derangements" may be had by addressing:

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TRI-IODIDES (HENRY'S.) LIQUOR SULI-IODIDES.

Colchicin 1-20 grain Phytolaccin, 1-10 grain Solanin. 1-3 grain. Soda Salicylate. 10 grains Iodic Acid, equal to 7-32 grains Iodine Aromatic Cordial. Dose 1 to 2 drams in water. 8-oz bottle, $1.00.

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the iodides. Indicated in all conditions dependent upon diverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of ate syphilis; for the removal of all inflamatory plastic and gouty deposits A remedy in sciatica, malarial neuralgias, lumbago and muscular pains; true gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psorias, and all dermic disorders in which there is underlying blood taint.

An hepatic stimulant increasing the quantity and fluidity of the bile Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S) LIQUOR FERRISENIC.

Each drachm contains Proto-Chlor. Iron 1-8 gr; Bi-Chlor. Mercury, 1-128 gr.; Chloride Arsenic, 1-280 gr.; Calisaya Cordial. Dose 1 to 2 drachms. 12-oz. bottle, $1.00.

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged, indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache"

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

Stimulant to the peptic and hydrochlori glandular system of the stomach, especially servicable in the impaired appetite, nausea, vomiting and other gastric sypmtoms of the alcoholic subjects.

MAIZO-LITHIUM LIQOUR LITHIUM MAIZENATE.

Nascent Chemic Union of Maizenic Acid—from Green Corn Silk with Lithium, forming Maizenate-Lithium. Two grains to drachm Dose 1 to 2 drachms. 8-oz bottle, $1.00.

A genito urinary sedative, an active diuretic; solvent and flush indicated for the relief and prevention of renal calculi; a sedative in the acute stages of gonorrhea, cystitis and epididymitis; in orchitic effusions due to enfeebled heart action to renal diseases As a nervine in the varied manifestations of gout, gravel, nervousness and uremic dyshemia. periodical migraine, sick headache, epilepsia, suppression, cardiac palpitation, irregular, weak or intermittent pulse; irritability, melancholia. insomnia and other nervous symptoms from academia decidedly better, more economical, extensive infection and definite in result than mineral waters

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indications for Maizo-Lithium.

HENRY PHARMACAL CO., LOUISVILLE, KY

treating influenza, pneumonia, bronchitis and the numerous winter diseases associated with inflammation of the respiratory organs.

One method of treating these conditions is by administering a powerful and, in truth, a depressing drug for practically every symptom, e. g. opium in some form, to control cough, a cardic and metabolic depressant to reduce fever, stomach-disturbing remedies as expectorants, etc. This plan of treatment is, authorities assert, antiquated, irrational and ineffective. On the contrary it is a matter of absolute fact, proven by experience, that if a patient with pneumonia, influenza, severe bronchitis, is properly nursed, given adequate easily assimilated nourishment and be given Gray's Glyc. Tonic Comp. in dessert to tablespoonful doses every three or four hours, that patient will withstand the attack much better and surprisingly free from the pronounced depression which accompanies and succeeds these diseases. This plan of treatment has also the great advantage that the patient is spared the baneful effects of excessive drugging.

Gray's Tonic not only fortifies the patient's strength, aids digestion and assimilation, but has an unquestionable influence in palliatiug the symptoms of respiratory inflammation. The Purdue Frederick Co., 15 Murray Street, N. Y.

I have no hesitation in saying that I consider Peacock's Bromides invaluable and have for years used it exclusively in my Sanatorium when bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patients and the product lies in substitution. I now only buy from my wholesale druggist in dozen lots.

Arlington Heights, Mass. Allan Mott Ring, M. D.

I am more than pleased with the physiological action of Seng in the treatment of chronic indigestion. It seems to nicely restore the action of the stomach, re-establish perfect digestion and its good effect is quickly evidenced by the general improved appearance of the patient.

Cincinnati, Ohio. J. Carl Ludwig, M. D.

ANTISEPTIC SAVING ?

ECONOMY belongs to every doctor's armamentarium. Antiseptics are a part of the physical economy. Sixteen ounces of fluid containing about 9 grains of inexpensive solids cost one dollar. Eight ounces of Tyree's Antiseptic Powder make eight gallons of standard Antiseptic Solution and cost 80c. One is water free; the other is plain stock; one costs $1. the other 80c. Ninety grains in one: eight ounces in the other. In one you pay more for water and fillings than for solids; in the other way you pay for nothing but the solids; add the water yourself. Eight gallons of one for 80c.; one pint of the other for a dollar. What a saving! Do you wonder at the number of prominent physicians and hospitals using Tyrees Powder? It is the most economical means at hand of getting the full therapeutic value out of the best known agents in leucorrhea and gonorrhea. It is also the safest and surest means, whether of a simple catarrhal non-infectious or of a gonorrheal, syphilitic nefarious nature. One teaspoonful in a pint of water makes a guaranteed antibacterial solution. It is antiseptic but not irritant. It is scrupulously made, and its well balanced chemical adjustment has established its ethical popularity.

Sod. bor., alumen, ac. carbol., glycerin, the cryst. principles of thyme, eucalyptus, gaulthenia and mentha.

80c. will deliver to you eight ounces. If the results are not satisfactory, I will cheerfully refund the purchase price.

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Sole agents for the United Kingdom; Messrs Thomas Christy & Co., 4-12 Old Swan Lane, Upper Thames Street, London, Eng.

Columbia Maternity Hospital.

WASHINGTON, D. C.

J. WESLEY BOVEE, M. D., Gynecologist to Columbia and Providence Hospitals, and Clinical Professor of Gynecology in Columbia University, Washington D. C, says: "The sample of Tyree's Antiseptic Powder sent to Columbia Hospital for Women for my use, has give most excellent satisfaction. In Vaginitis and relaxed vaginal walls as well as some forms of inflamation of the neck of the uterus, I have found it unusually beneficial."

Old Marion St. Maternity Hospital

NEW YORK

The results obtained from your Antiseptic Powder were satisfactory being used in case of gonorrea and lucorrhea, and results obtained were most pleasing. relieving the symptoms in both cases. With best wishes,

Very truly,
W. BALDWIN WAYT, M. D.,
Med. Supt.

Western State Hospital of Va.

I have used Tyree's Antiseptic Powder in leucorrhea and vaginitis, and it gives me much pleasure to recommend it use in the various forms of ucorrnea and gonorrhea.

G. H. WALKER, M. D.,
Asst. Physician Female Dept.

GRIPPAL COUGH-LARYNGITIS-BRONCHITIS.

In these affections, antikamnia is indicated for two reasons; First, because of its absolute power over pain; at once removing this element of distress and placing the whole system in the best possible condition for a speedy recovery. And second, because of its power to control inflammatory processes, lowering the fever by its peculiar action on the nervous system. Codeine is strongly indicated because of its power as a nervous quietant, often quickly and completely controlling the cough. In nervous coughs, irritation of the throat, laryngitis, bronchitis and phthisis, where the cough is altogether out of proportion to the amount of expectoration, Antikamnia-Codeine tablets will give prompt satisfaction. In fact, in cases of nervous coughs, irritable throat, so commonly attendant upon influenza and la grippe, as well as in sub-acute laryngitis, and slight bronchitis, this tablet alone will often so control the cough that the disease rapidly subsides. This is not strange when we remember that nothing could keep up this irritation more than constant coughing. In the more severe cases of bronchitis and in phthisis, the patient is not only made more comfortable, but the disease itself is brought more directly under control by checking the excessive coughing, relieving the pain and bringing the temperature down to the normal standard.

AN UP-BUILDER IN POST-GRIPPAL CASES.

Very many of our readers know, by reputation, at least, Dr. A. H. Ohmann-Dumesnil, one of the foremost physicians of St. Louis. From a letter of recent date we are permitted to quote the following, which we do with pleasure. "I needed a reborant, and took, with much benefit to myself, Hagee's Cordial of Cod Liver Oil Compound. Since then I have had occasion to use it in a number of cases of grippe, and in all of them the results were of the best. The action of this preparation is rapid and thorough, and in a remarkably short time a case is recovered. It is certainly the remedy par excellence for this new prevalent affection.

In a number of post-grippal cases in which enteric neuralgia, bronchial involvement, and a number of nervous symptoms manisfected themselves I have found this preparation equally effective. It is an excellent up-builder, and rapidly restores to its former condition the weight which has been diminished by the waste of tissues consequent to grippe."

This is certainly very high praise and from an eminent authority.—Massachusetts Medical Journal.

Mississippi Medical Record.

Vol. VI.] March, 1902. [No. 3.

ORIGINAL CONTRIBUTIONS.

Intestinal Indigestion.

By J. C. Ballard, M. D., Natchez, Miss.

Upon no subject is it so difficult to obtain information as the above. Not once during my ten years of practice have I seen a journal article on the subject, and most works on practice fail to mention it at all. This may in a measure account for the carelessness and indifference usually manifested towards the subject by the average physician. Yet no disease is so common and in none can such favorable results be so promptly realized. Most patients are sent to patent medicine quacks or irresponsible "sure cure" of some layman.

We will briefly consider this question in a practical way.

Definition. Any alteration of the normal processes of intestinal digestion. This is a broad definition, but with such we can more easily study the subject.

Causes. The causes of this trouble are numerous. We shall however study in the order of their importance and frequency. First and most frequently is gastric indigestion. Any derangement of this function will cause the stomach to pass a mass of hyper-acid, food not properly prepared into the alkaline duodenum. It is well-known that any abnormality of the chyme will produce abnormality of the chyle. In another way the stomach may effect intestinal indigestion, and that is by the effect of disordered stomach digestion on the nervous system. This re-acts on the liver and interferes with its functions. Any failure of the stomach to perform its duty throws extra burdens on the intestines. Nitogrenous matters must be peptonized in the stomach or else the intestines will be forced to do this extra work.

Should there be super-acidity of the stomach the action

of the saliva is too rapidly arrested, and the intestines must convert an extra amount of carbohydrates. If perfectly healthy they can do this easily, and food will be as perfectly digested as when the entire process is normally conducted. But this extra work increases the liability to disease and will eventually seriously impair the strength and power of the bowels.

Second. Eating too much. This is also a common cause of intestinal indigestion. The stomach being overloaded throws off a part of its work, and the bowel being forced to do more than its share rebels. There is then putrefaction of the food with the formation of H 2 S and other injurious compounds.

Third. Bolting food. This is another common cause, and for the reason that the large masses are resistant to the action of the gastric and intestinal juices and thus becomes irritants. They are liable to induce gastric stagnation and putrefaction.

Fifth. Excessive use of carbo-hydrates as food or carelessness in varying and selecting food.

Age. No age is exempt. It is seen at all ages, all seasons and in all classes of people. It is most frequently seen in young children from the first to fourth years and in persons past their fiftieth year.

Symptoms. These vary with the type of the disease. In the acute form we have colicy pains and diarrhoea. This is nature's method of relieving the bowel of offending matter. The breath is foul, tongue coated and stools extremely offensive. With the thorough cleansing of the bowel the symptoms and distress disappears, although the bowels may feel sore for several days. The chronic form will give us still greater trouble and its symptoms are more obscure. There is a peculiar fetid odor to the breath, offensive stools, borborhygmi, soreness in the bowel, constipation, not infrequently alternating with diarrhoea. Indican-uria is almost always present. These symptoms may be exaggerated by certain foods or absent in part. The skin presents a muddy look, the eye is dull, ambition absent, the mind refuses to take new impressions. There is a dull headache, frequently severe. This condition is temporarily relieved by a pill, and the patient for a few days feels better. But the return is inevietble. Insomnia is also a frequent symptom and one difficult to relieve. Variable temper and appetite almost

always present. Some days the patient will eat enormously and then scarcely touch food for several days. There is usually a loss of flesh and strength,—but not always.

In children the symptoms are much the same. They are usually thin and anaemic, dark rings under their eyes. Abdomen is distended, with flatulency. If the child has been sick some length of time there will be tympanitis. They are always fretful and peevish and they are smaller than healthy children. Being delicate looking they are not properly controlled. This adds to the difficulty of their treatment. They sleep lightly and are restless, tossing about from side to side. They are weak and easily tire upon slight exertion. They perspire very freely and usually have cold feet and hands. The bowels are either constipated with foul clay colored stools or there is chronic diarrhoea. The odor of the stools is peculiarly offensive, and at times mixed with mucus. In children the nervous symptoms are often puzzling. Sometimes it may suggest tubercular meningitis, then tetany, or we may even be led to suspect an organic brain lesion. By testing the urine for indican, we can frequently estimate the amount of putrefaction going on in the bowels.

There are other symptoms which would lead us to study our cases carefully. But they naturally suggest themselves.

Prognosis. In both adults and children we can hold out no hope of spontaneous cure. Each case must be treated per se, and the length of time the patient has suffered is the best guide in a prognosis. If the case be of recent origin, it is favorable. But in a case of long standing, with anaemia, the prognosis is very guarded, especially in children. If there is much vitality, and a willingness to be treated, cases that are apparently hopeless will get well rapidly.

Treatment. As I stated before, each case must be treated. There are no hard and fast lines to be followed. Each case presents a problem for solution and study. If we recognize this and begin patiently to work out all the details we are sure of a moderate degree of success.

First. Use every effort to discover the cause of the trouble. In adults this is easier than in children, but with a moderate degree of patience we can arrive at a true knowledge of the situation. Eliminate the stomach if possible. This can best be done by a test meal. If the stomach is at

fault, carefully correct the trouble. This may cause prompt relief of the disease, and can be often accomplished by diet alone. But drugs are of service. However, this paper does not deal with the treatment of stomach troubles, so we only suggest the above.

EATING TOO MUCH being a frequent cause, a course of semi-starvation, with a diet of the very lightest food, would seem to be of service. It is one of our most serviceable methods of procedure. Giving the bowel and stomach a rest will produce the happiest of results. The furred tongue and foul breath seem to indicate calomel as a start in the drug treatment of the disease. A combination of calomel, nux vomica, henbane and soda gives very happy results if repeated on third and fifth days. Give just enough to produce a laxative effect. Another drug for continued use, Chionanthus Virg. Given (of the tr.) in dram doses three times daily, before meals, its effect is most happy. Especially so where the liver is at fault, a condition extremely common in all malarial climates. It will quickly change the clay colored stools, relieve the flatus and give a sense of comfort most pleasing to the sufferer. It is most useful in starchy indigestion, and is offered in various combinations suitable for a variety of conditions. In the pain and soreness of cases of long standing a pill of quinine, aloes, podophylin, nux vomica and hyoscyamus is of great service. It quickly relieves the pain and constipation, and improves the appetite. Another agent of unequalled power, is irrigation of the colon. This should be done not less than three times a week. My formula is one quart of water with a teaspoonful each of bi-carbonate of soda and table salt. The subgallate of bismuth is most useful where there is a tendency to catarrhal diarrhoea. It is also of service after an acute attack with diarrhoea. Some cases, where there is a torpid liver, are markedly benefitted by the phosphate of soda in doses of 40 to 80 grains three times daily. It should always be given in a glass of water. It is prepared by Parke, Davis & Co., as an effervescent powder which will be readily borne by weak stomachs. There are other useful drugs that naturally suggest themselves. Where there is fermentation a small dose of creosote or the following:

℞ Tr. Iodin Com.;
Ac. Carbol. a a ℥i.
Glycerine;q. s. ℥i
M. Sig:—Three or four drops well diluted three hours after meals.

In Children:—We are helpless unless there is a firmness on the part of parents. Diet is the essential consideration. It is best to stop all starchy foods for a time, and use a diet of milk and beef tea, or chicken broth as a change. Malted milk may be added to the treatment. If cow's milk is not perfectly digested, it should be peptonized. If the child still seems to be poorly nourished, skimmed milk may be used. Limit the number of feedings and allow nothing until the regular hour comes aronnd. Fruit juices are often of great help, especially the juice of a ripe orange or grapes. A few raw oysters may be rellshed at intervals of three or four days. Irrigation of the bowel should be practiced three or four times a week, and if stools are offensive or acid, daily —Calomel is the best of laxatives in these cases, especially where there is constipation. Tonics are useful. Syr. Hypophos Co with Lactopeptin is a very excellent combination. If there is much flatulence, a small dose of salol and quinine, or the salicyllate of bismuth may have a happy effect. Do not overlook the general health. Keep the child in the open air on the galleries, or under the shade trees, as much as possible. Another thing: Caution parents not to relax their vigilance. A child will often appear so well, that prohibited foods are allowed; an immediate return of the trouble will then take place. I would suggest that all treatment and diet be protracted at least one month longer than you suppose necessary. This will insure a good result.

Liquid Thyroid.

By William Cheatham, M, D., Louisville, Kentucky.

This bottle contains a sample of liquid thyroid, manufactured by Frank E. Morgan, of Philadelphia, Penn. It is the active principle of the thyroid gland. The dose is from fifteen gtts. to a half teaspoonful. It is handled by Buschmeyer Brothers of this city.

This preparation has an advantage over the extract in other forms, as you always know exactly how much you are giving. The preparation should be kept in a cool place; it may be used hypodermatically. I have used it in myxedema, and where the thyroid is indicated it is by far the best preparation that we have for the reason stated, that you always know exactly how much you are giving the patient at a dose.

DISCUSSION.

Dr. T. P. Satterwhite:

In this connection I now have under observation a case of goitre and am giving the patient five grain tablets of thyroid extract. Wonderful results have been obtained in cases of myxedema by the use of thyroid extract, but it is necessary to continue its administration as long as the patient lives.

In the case referred to there was tachycardia which I attributed to the goitre; there was no exophthalmus; there was no organic disease of the heart; there was no renal trouble. And as a matter of experiment. more than anything else, I gave thyroid extract. When this remedy was commenced the pulse was 110, and in a few days it had come down to 90. There is some enlargement of the thyroid gland, but it is not large.

Dr. H. N. Leavell:

Have any reports been seen of the use of the liquid thyroid in cases of obesity, and has it the same effect as the thyroid extract in such cases?

Dr. Wm. Cheatham :

I know thyroid extract has been used in obesity, but I have had no experience with it in that disease. I understand Doctor Koehler of this city has used it in obesity with most excellent results. Liquid thyroid is a comparatively new preparation here, but has been used in Philadelphia for a long time. Doctor Pepper reports excellent results from its administration.

Dr. J. R. Wathen:

How is the liquid thyroid prepared?

Dr. Wm. Cheatham :

I assume it is made in the same way that adrenalin is prepared, made at blood pressure getting the active principle of the gland in this way. It appears to be prepared in glycerine; it is very pleasant to take.

ABSTRACTS AND EXTRACTS.

In charge of E. F. Howard, B. S., M. D.

Smallpox.

(Continued.)

Dr. Schamberg writes in American Medicine Dec. 7th, 1901 of The Diagnosis of Smallpox. Although in the pustular stage, particularly when well marked, the detection of smallpox is easy, there may be considerable difficulty in diagnosing on the first or second day of a mild case, especially in the absence of an epidemic. Before the appearance of the eruption the diagnosis is difficult and often impossible.

The prodromal symptoms vary greatly in intensity:—In the unvaccinated they are usually severe, but in mild cases may be so slight as barely to attract the patient's attention. Information as to exposure to smallpox and the character of the patient's vaccine condition are important factors in an early diagnosis.

During the initial stage smallpox may be confounded with typhoid fever, meningitis, influenza, typhus, scarlet fever, measles, etc.

The sudden onset of high fever, the tendency to vomiting and the well-marked back-ache will generally exclude typhoid fever. Headache, high temperature, vertigo, vomiting, delirium, coma and convulsions may occur in meningitis as well as variola and without localizing symptoms the diagnosis may be difficult for a few days.

The morbilliform rash which occasionally preludes the true eruption of variola may be mistaken for that of measles, but is less elevated. The true eruption of variola presents lesions smaller, more shot-like and more disproportionately profuse on hands and face than that of measles. The absence of catarrhal symptoms and of the lesions of the buccal mucous membrane and the remission of febrile symptoms on the appearance of the eruption also differentiate smallpox from measles.

The falling of the temperature on the appearance of the eruption, and the absence of early throat and tonsillar symptoms aid us in excluding scarlet fever.

In the eruptive stage smallpox may be confounded with chicken pox, syphilis, impetigo contagiosa, pustular acne and drug eruptions.

The severity of the prodromal symptoms, the character of the lesions and the distribution and course of the eruption help to exclude VARICELLA.

The VARIOLIFORM SYPHILIDE may require careful study. It may occur from the second to the twelfth month of the disease, is more common in negroes than in whites, and in the debilitated than in the robust. The history and initial symptoms will generally differentiate it from VARIOLA.

IMPETIGO CONTAGIOSA is a local dermatosis. The eruption is usually limited to the face and neck, occasionally appearing on the hands, rarely on trunk and lower limbs. The lesions are usually discrete, thin-roofed vesicles or blebs, which rapidly become turbid and dry into crusts. Fever is absent. The disease is commoner in children than in adults.

Mild cases of VARIOLOID may resemble ACNE being differentiated by the history and the evolution of the lesions. The same data are of importance in excluding the papulopustular eruptions occasionally produced by the ingestion of IODIDS.

A diagnosis should not be based upon any one feature of the disease, but upon the EUREMBLE of symptoms.

The MEDICAL RECORD, February 1st, in an editorial on "SMALLPOX RASHES" quotes from M. M. Roger and Weil in LA PRESSE MEDICALE the following information:

In 928 cases prodromal rashes appeared 171 times. They were more frequent in females than in males. While occurring in all types of the disease their frequency increased with the severity of the attack. Hemorrhagic cases showed 47 per cent., varioloid less than 13.

They did not observe the erysipelatous rash, but noted the erythematous, the urticarial, the morbilliform, the scarlatiniform, the purpuric and the astacoid.

"The erythematous rash is in the form of uniform red patches, disappearing on pressure.

"The urticarial rash consists of slightly raised wheals, white in the center, reddish at the edges, and usually associated with some itching.

"The morbilliform rash, much more frequent in occurrence than the preceding varieties, is an erythema, consist-

ing of blotches, sometimes slightly elevated, in color a delicate rose tint, and peculiarly soft to the touch, the blotches being separated from one another by areas of normal skin. The rash has the exact appearance of measles. The blotches of the rash of smallpox are, if anything, a trifle larger and paler than those of measles, but the difference is in most cases too slight to enable a differential diagnosis to be made between the two diseases.

"In the scarlatiniform rash the skin of the affected parts is colored an intense red, which does not completely disappear on pressure. By a close scrutiny it will be found that the rash consists of two parts: a uniform coloration which disappears on pressure, and a fine speckling of a deeper hue, giving the skin a punctuate appearance which cannot be entirely removed by pressure.

"The astacoid rash is never encountered except in cases of the hemorrhagic type, and its appearance is a certain indication of a fatal result, the other rashes, even when general, are practically never seen on the face, while the astacoid is almost always present there as well as in all other parts of the body, so that the patient resembles a boiled lobster. It is a uniform coloration, a diffused sanguineous extension. In certain cases, however, parts of the body are free from the rash, and areas of healthy skin may be found on the lower parts of the thighs, on the legs, or on the forearms. In some regions, the color may be of a deep red; in others of a purplish hue, lurid, or even petechial. When it is added that the face is slightly turgid, that subconjunctival ecchymoses soon appear, followed by multiple hemorrhagic spots, or even subcutaneous hemorrhages sufficient to produce large bullæ, it will be understood that the patient presents an appearance the like of which is seen in no other disease."

"A writer in the LANCET, October 12, referring to the prevalence of smallpox in London and the difficulty sometimes in mild cases of differentiating between this disease and chickenpox, calls attention to a well-known method by which this object can be attained. The vesicles in chickenpox are unilocular, while in smallpox they are multilocular, the practical result of this pathological fact being that if a chickenpox vesicle be pricked with a needle, its contents can be completely evacuated, and the cell will collapse; whereas in smallpox, if you make twenty pricks with a needle, the

vesicle will not collapse, because, being multilocular, it is impossible to empty it."—Medical Record, Nov. 9, 1901.

Drs. Welch and Schamberg in a study of the initial symptoms in 100 recent cases of smallpox in the Municipal Hospital of Philadelphia (Philadelphia Medical Journal, Dec. 21, 1901) have made the following observations:

The number includes 28 cases of confluent variola, 15 cases of profuse and semi-confluent eruptions, 29 eruptions of moderate severity and 29 cases of mild varioloid. Of the 100, 22 died. Headache was the most constant of the initial symptoms. Various symptoms were present in the following percentages: Headache, 86 per cent.; chills or chilliness, 78 per cent.; backache, 70 per cent.; vertigo, 57 per cent.; vomiting, 55 per cent.; with nausea in 10 per cent. more. Chill was the first symptom in 35 cases; headache in 26; backache in 16; vomiting in 9; vertigo in 2 and general aching and pain were first in 2. In only 2 cases of the 100 was there complete absence of initial illness. One of the two admitted experiencing fatigue the day preceding the eruption. In several cases the initial illness was well marked, though not always with typical symptoms. They call attention to the fact that in a large percentage of cases admitted during the year the initial symptoms were interpreted by the physicians previously in attendance as the early manifestations of typhoid fever.

Dr. Mac Gugan in the Medical News of Dec. 14th, 1901 describes some atypical cases of smallpox occurring during An Epidemic of Smallpox at the Michigan Asylum for the insane, Kalamazoo:

The contagion is believed to have been conveyed by a patient brought from the Kalamazoo county house where there had previously been one case similar to those reported at the asylum. Unfortunately this patient died after six days' residence in the latter institution without having developed the eruption.

The disease was first considered to be typhoid fever, later chickenpox, and only after two weeks, when the cases were twenty nine in number, was the diagnosis of smallpox made by an expert sent by the State Board of Health.

In but thirteen of the fifty cases was there an initial chill. All had headache and ninety per cent backache or diffuse pains throughout the body. Seventeen instances of sore throat were observed. Nausea was present in fourteen

cases and epigastric pain in ten. In fifteen cases the temperature was over 104 deg. F.; in several over 105 deg. F., and in two it reached 106 deg. F. There was practically no delirium. In thirty cases the eruption appeared before the end of the second day; in five on the first day; in ten on the third day; in four on the fourth day, and one presented no eruption.

The pustule broke readily and was UNILOCULAR. In no case did the pus exude from the pustule.

Desquamation was rapid. There was no pitting.

SOME patients HAD A RELAPSE. One woman taken ill June 24th presenting papules three days later, forming pustules and finally desquamating, was classed as a mild case. On July 3rd she was taken ill again with a more marked and more severe attack that ran a full course.

In another the first attack began July 16th, and the patient was considered recovered July 24th, but by Aug. 7th showed the eruption again.

One patient had a case of VARIOLA eight years previous. She had never been vaccinated. The second attack, the one at the asylum, was discrete and of medium severity.

There were two cases of VARIOLA SINE ERUPTIONE. Both had been vaccinated a month previous to the attack.

Of the fifty cases reported, seventeen had been vaccinated, but none of them recently. Of these seventeen, three cases were severe. There was not one infected sore among the entire 1,450 insane patients, who were all vaccinated as soon as the diagnosis was established. A few of the employees of the asylum had what were apparently infected sores. With the exception of a few revaccinations tube lymph was used. There were only six cases of variola subsequent to the vaccination.

"Professor Mationi (Arte Medica, Sept. 29th 1901) reports good results in the various stages of smallpox, but especially in the pustular stage, from methyl blue administered in pills in a daily dose (divided) of from four to eight grains."—N. Y. Medical Journal, Oct. 26th.

THE MEDICAL REVIEW OF REVIEWS for January gives the following on DIET IN SMALLPOX:

"According to U. S. Daves, Jr., anorexia, thinst and vomiting are noteworthy symptoms at the onset of this malady. Vomiting is not usually of frequent occurrence.

Cool drinks should be given; indeed, water should be administered freely in all stages of the disease, both because it adds to the comfort of the patient, and because it will help to avert nephritis, which is an occasional complication. Febrile albuminuria is common. A liquid, non-albuminous diet will lessen or stop it. During the febrile stage a liquid diet, such as is usually prescribed in acute fevers, should be given —milk, broth, gruel, etc. Often the mouth and throat are so sore from the eruption that swallowing is difficult. Food must then be given in small portions at a time. Ice and ice cream are often grateful to patients at this time. Sometimes swallowing is so painful that rectal alimentation must be resorted to. It should not be relied upon longer than is absolutely necessary, for when suppuration takes place upon the skin, prostration develops rapidly, and is often very great. It is, therefore, necessary to give food by the mouth as steadily and in as large quantities as possible. Rectal alimentation must occasionally be utilized in order to help maintain strength when the stomach will not tolerate or digest food enough. Milk should be the staple article of diet. Gruels, weak tea, Mellin's food, farina and similar articles may be employed for variety. If there is no albuminuria, or if it is only trifling and transitory, bouillon, broths, raw or soft-cooked eggs, custards and such dishes may also be used. If digestion is fairly good, as it is in mild cases, milk-toast, soft-boiled rice or oatmeal, corn-starch pudding, blanc mange, gelatin jellies, finely mashed potato with meat-juice squeezed upon it, may be given, and will be relished. In the severer cases these articles may be given only during convalescence. —(Cohen's "System of Physiologic Therapeutics," Vol. 6.)"

Dr. Welch in a letter to the Philadelphia Medical Journal, Jan. 25th gives the following method of disinfecting after smallpox:

"After the sick chamber has been vacated, either by recovery or death of the patient, every article in it of no great value should be immediately burned. Articles which it may be desirable to preserve, and which will not be injured by water, can be disinfected safely and cheaply by immersing them in boiling water for thirty minutes, and then subjecting them to the ordinary process of the laundry. But if this cannot be done at once, such articles should be immersed for four hours in some reliable disinfectant, such

as mercuric chloride, in the proportion of 1 to 2,000, or carbolic acid, 1 to 50, and subsequently boiled. For the disenfection of woolen clothing, carpets, bedding and the like, there is nothing equal to steam under pressure. All pathogenic germs will certainly perish if exposed for thirty minutes to this agent at a temperature of 230 deg. to 250 deg. F. When, however, this process cannot be carried out for the want of proper facilities, the articles named, with the exception of the carpet, which may remain on the floor, should be hung up in the room and subjected to the influence of formaldehyde. This may be very conveniently and effectively used in the form of formalin. The formalin may be diluted with two parts of water and used in a large atomizer, such as is commonly employed in the spraying of garden plants. In determining the amount required to disinfect a room, the estimate should be on the basis of one pint of formalin to every one thousand cubic feet of air space. Of course, the room should be as tightly sealed as possible, and left closed for eight to twelve hours. This method of disinfecting rooms was adopted by the Philadelphia Board of Health after having proved its efficacy by culture tests.

"When this process is finished and the room opened and ventilated, all surfaces, including the furniture, should be washed with a disinfecting solution (carbolic acid, 1 to 50, or mercuric chloride, 1 to 1000), and afterward the floor and woodwork thoroughly scrubbed with soap and water. The wall paper, if there be any, should be well moistened with the carbolic acid solution and scraped off and burned. Paper may be re-applied or the walls whitewashed, according to fancy. I believe that any infected room could be considered safe for occupancy after having been faithfully subjected to the treatment herein outlined."

THERAPEUTICS.

Treatment of Cardiac Dilatation."—Like dress, fashions of disease 'come in' and, after lasting a variable period 'go out.' Recently a remarkable popularity for appendicitis has been noted, and many have fallen victims to the operation. Enteroptosis and adenoid growths are conditions which now receive their full share of attention. Although weak and dilated hearts have undoubtedly increased relatively in numbers during the past few years, fashion has

been assisted in the creation of this lesion, according to I. B. Yeo (Practitioner Jan. 1902) by the dire influences of the grippe, excessive muscular exercise and the tobacco habit. He attributes many dilated hearts, especially in the middle aged people unused to exercise, to the unreasonable cycling habit. Many young men of rather small stature are proud to boast of their health and athletic prowess, little dreaming that their efforts to compete with men of much greater power has caused a much dilated and hypertrophied heart. He believes that the pernicious influences upon the heart occasioned by influenza may be largely avoided by a prolonged period of physical rest. He also insists that too little attention is paid in later stages of failing compensation to this method of treatment—"rest in bed." Baths and "resisted exercises" have become too popular and are often indiscriminately employed. He accounts for the beneficial results of saline baths and the effect which they have in decreasing cardiac dullness by the modification of the type of respiration which is occasioned. The superior costal type takes the place of the abdominal type, and there is an increase in the expansion of the upper parts of both lungs. In mild cases general tonics are all that is necessary. When dyspnea and troublesome palpitation are present the following prescription is of great use:

℞ Ferri et Ammon. Citratis gr. lxxx,
Tinct. digital. m.xl,
Sprt. Ammon. Arom. ℥ii
Infus. Calumbae, ad ℥viii
M. et Sig. One ounce twice daily after meals.

In less serious cases the following may be used as a good tonic

℞ Quinae Sulph grs xvi
Tinct. Nucis Vom. ℥ii
Vel Tinct. Stroph m.xl
Ext. Cocae fl. ℥iv
Spts. Chloroformi M.lxxx
Aquae ad ℥viii
M. et Sig. One ounce twice daily before meals.

In anemic cases iron and nux vomica are very beneficial when followed by an aperient to keep the bowels in condition:

℞ Ferri Sulph. exsic gr xxxvi
Saponis gr xviii
Pulv. Nux Vom. gr xxiv
Aloie gr iv
M. et Div. in pillulas xxiv. Sig. One pill twice daily.—Medical News.

The Treatment of Pneumonia With Creosote.—H. W. Cummings commends this remedy, finding that of twenty consecutive cases (all ending in recovery) in fourteen the crisis occurred on the fifth day. He found also that after he began the use of creosote the fever did not run so high as usual, nor did it fall so suddenly at the end of the disease, as to leave the patient prostrated, accompanied by profuse sweat, but rather that the fever declined more gradually. Only one patient showed any alarming symptoms at the crisis, and she had just recovered from a severe attack of grippe when taken with pneumonia. Thus she was quite weak at the beginning. Again, he found that the use of creosote lessened, to a great degree, the severity of the cough and pain, and his patients required but little medicine to produce rest or sleep. Not one ever vomited or suffered with nausea while the medicine was being administered. Cummings uses the carbonate of creosote, beginning with five drops daily until twenty to twenty-five-drop doses are given for an adult. When the maximum dose is reached, he gives the remedy at longer intervals, say four or five hours. In all cases he uses strychnine as a stimulant, beginning with small doses during the second stage, and increasing the dose as the patient approaches the crisis.—Texas Medical Journal.

Stricture of the Urethra in a Female, Complicated with Enuresis, Dialation of the Bladder, Ureters and kidneys.—The patient of L. B. Tuckemman was a girl of five years, who had suffered from enuresis. The breaking of preputial adhesions gave some relief. On one occasion she was suddenly attacked with pains in the loins, dysuria, blood in the urine, and distended bladder. Catheterization showed considerable resistance to passage at the proximal end of the urethra. The latter was gradually dilated, the cheif resistance remaining at the neck of the bladder. The subsequent history of the case was one of continuous residual urine though the patient seemed to have good control over the bladder. A sudden increase of acute symptoms was followed by death. At post mortem the entire urinary tract was found to contain pus. The bladder was dilated with greatly thickened walls, and a small cavity containing pus existed in the bladder walls at the fundus. Both ureters were irregularly dilated throughout their whole extent, and likewise the pelvis of each kidney, the cavity encroaching on

the substance of the organ itself. The child had suffered from much colic and constipation alternating with diarrhœa; and this was partly explained perhaps by an anomaly of the ascending mesocolon, which was continuous with the mesentery and allowed as free movement of the ascending colon as the small intestine itself.—Cleveland Medical Gazette.

The Best Method of Administering Quinine as a Preventive of Malarial Fever.—Edward Henry Read concludes from his experience that the best way to give quinine as a prophylactic is the following: (1) For male adults in good health, tabloids in 15 gr. doses every fifth day; for those in poor health, the solution used in the same way, or 15 gr. powder in a tablespoonful of porridge or milk; (2) For female adults, 8 gr. should be given instead of 15; pregnant women may take 2½ gr. daily, in either of the above ways, from the beginning of pregnancy; (3) Children of either sex under one year old, ½ gr. of the powder every third day in a spoonful of milk, followed by a spoonful of jam or honey; those from one to five years, 1 gr. every third day; from five to ten years, 2 gr. every third day; from ten to fifteen years, 3 gr.; above fifteen years, the ordinary adult dose, taken in the same way.—Medical Record.

EDITORIAL.

H. H. HARALSON, M. D., EDITOR.

Entered at the Postoffice at Vicksburg, Miss., as Second-Class Matter.

Hospital and Dispensary Evils

We have been slow to touch upon the evils of hospltals in their relation to the business aspect of the practice of medicine. We cannot with any degree of self respect remain silent longer. Hospitals are founded for the benefit of the poor. They are managed for the aggrandizement of political favorites. No proposition was ever more thoroughly demonstrated than this in the culmination of the controversy between certain physicians of this city and the State Legislature. There was a committee appointed by the Legislature of the State of Mississippi to investigate the needs of the State Charity Hospital of this city. The investigation was made and reported upon and we suppose the committee is satisfied.

The physicians of Vicksburg are not the only ones that are recognizing and feeling the injustice done them by state and city governments in the pretended name of Charity. We get some consolation from the fact that physicians everywhere are asserting their rights and they will continue to do this until the evil is corrected. A short while ago, G. Frank Lydston of Chicago said: "With the development of Charitable hospitals far in excess of any legitimate demand, it has come to pass that surgery is almost a thing unknown in general city practice. Even the minor operations have left the general practitioner—to return no more so long as there are free hospitals and dispensaries. Where is the emergency surgery of which in former days every practitioner had his share? Railroaded off to the 'Charity' hospitals to be cared for gratis.

"In a recent conversation with a practitioner of thirty years' experience, I said, 'Doctor, you used to do a great deal of general surgery throughout this section of the city. Have the hospitals affected your practice in that direction to any

extent? He replied, 'Surgery with me is a thing of the past. Even emergency cases are carted off to the nearest hospital. If by chance one does fall into my hands, it is taken from me as soon as I have done the first aid work.' Personally I see very little use in teaching surgery to the majority of students who intend to practice in our large cities—they will have little use for surgical knowledge.

"Here are three cases in illustration of the way our 'Charitable' hospitals antagonize the business interests of the profession:

1. A very wealthy farmer engaged me to perform an exceedingly important operation. It was understood that $1,000 was to be to the honorarium. He was afterwards advised to go to a certain 'religious' hospital where he was operated on by an eminent surgeon who received nothing for his services.

2. A patient who was under my care for some weeks and paid me an excellent fee, finally divulged the fact that he had mean while been living at a certain hospital at an expense of $8.00 a week. He had become dissatisffed with hospital attention, he said, and, pretending great improvement was permitted to get out-of-doors.

3. A man on whom I operated and who paid me my full fee without argument or question, came to me directly from one of our large hospitals where he had been sojourning for several months.

The wtiter of a recent editorial, Cleveland Journal of Mddicine, says that an awakening is at hand. Dr. Lybston in reply says: "No, not at hand; it is coming though; the handwriting is on the wall. When the revolution does come this will happen: 1. Hospital physicians and surgeons will be paid salaries. 2. Hospitals will take as free patients or patients who pay the hospital alone only such persons as rigid investigation has shown to be indigent. All others will be compelled to pay their medical attendants just as in private practice. 3. Certificates of indigency will be required of every free patient, such certificate being signed by the patients attending physician—outside of the hospital—and at least two other persons in the community where he or she resides. 4. General and especially country practitioners will cease to deceive hospital doctors as to the circumstances of their patients.

"Too much trouble, eh? Well my friends of the hos-

pital and dispensary—for the same charges should apply to the latter—you must either take your medicine or the revolution will go farther and this will happen: The profession at large will boycott every man who runs a college clinic and and every hospital and dispensary man. It will fight college and hospitals to the bitter end.

The day is perhaps not far distant when doctors outside of colleges and hospitals will run their private practices on the co-operative plan, thus dealing a death blow to the free clinic and dispensary man. Every man of prominence will have his own private clinic and advertise it among his patients. Each man can have his own hours for the poor; he can eliminate the unworthy ones and, best of all, he can refer all his dead beat patients to his clinic, pride may bring fees from patients to whom honesty is a thing unknown. The private hospital will run most of the public hospitals off the earth. There will be no room for anything but municipal hospitals run squarly and fairly for charity; and reputable private hospitals run frankly for pecuniary profit, in which the operation and the attendance fees are the chief factors. Such hospitals will benefit not hurt the profession.

The fight against those hospitals that are set up by the states and cities in competition with legitimate medicine and surgery is just begun. The rank and file of the medical profession of this state will enter a protest so vigorous and clear that the politician, even, will heed it. A change is bound to come sooner or later in this state, and when it does come it will be a change that will admit all reputable physicians to the hospitals on an equal footing. This is nothing but right. It is simple justice to the physicians at large, and justice is all they ask. State and city governments have no right, moral nor legal, to manage hospitals in the interest of the few to the detriment of the many. When the people understand that this is being done, no protest from physicians will be nesessary. The state has as much right to set up a business of any other kind and run it to the detriment of other business interests as it has to pay the expenses of a hospital and allow it run for the aggrandisement of those in charge.

The Mississippi State Medical Association will meet in Jackson, Miss., Wednesday April 16 and remain in session three days.

We have heard but little of the organization of sections. We trust the work is going on and that the coming meeting

will be a successful one in every particular. Some of the members of the Association are in Chicago and New York doing post graduate work, but will return in time for the April meeting.

For the benefit of chairmen of sections and members of the association generally we publish the following: Diseases of the Rectum, J. T. B. Berry, Brandon, Chairman; Hygeine, H. A. Gant, Jackson, Chairman; Surgery, J. A. Crisler, Yazoo City, Chairman; Obstetrics, W. D. Hubbard, West Point Chairman; Gynecology, C. D. Mithcell, Pontotoc, Chairman; General Medicine, J. L. McLean, Winona, Chairman; Diseases of Children, Edwin Wright, Sardis, Chairman; Ophthalmology, J. E. Seale, —— Chairman; Bacteriology, E. F. Brown, Natchez, Chairman; Materia Medica, J. M. Alford. McComb, Chairman; Nervous Diseases, O. M. Turner, Jackson, Chairman; Dermatology and Venereal Diseases, C. L. Green, Utica, Chairman.

The different sections of the state are fairly well represented in the above apportionment and these chairmen have doubtless already organized their sections. The Record would be glad to communicate with any of them and publish their committees with the titles of their papers in the April number.

The office of Dr. C. H. Trotter, Winona, Secretary of the Association, was destroyed by fire a few weeks ago with a loss of something above seventeen hundred dollars. Fifty copies of the Transactions of the Association were also burned, as well as the records of the association in his possession at the time.

Mississippi Medical Record.

Vol. VI.] April, 1902. [No. 4.

ORIGINAL CONTRIBUTIONS.

ADRENALIN IN THE URETHRA.

By E. F. Howard, B. S., M. D., Vicksburg, Miss.

The various controversies regarding the character of the active substance of the suprarenal gland were settled, temporarily, at least, by the discovery of Takamine. We are now being flooded with literature relating to its therapeutic value, and to add a small drop to this rising inundation is the object of this paper:

"Preparations of the suprarenal gland and its active principle have been employed for numerous purposes. It has been employed with marked success as a local hemostatic to nearly all parts of the body to prevent hemorrhage during operations, to check postpartum hemorrhage, hemorrhage from the stomach, to allay local inflammation, etc. Injected into the vein or the heart in cases of collapse during anesthesia is one of the latest suggestions; in extreme cases this may be of much importance, as unlike the digitalis series of heart tonics its toxic action is very slight."—Haughton, Journal American Medical Association, Jan. 18.

Takamine claims for his preparation that "it is non irritating, non-poisonous, non-cumulative and without injurious properties." So far as I have been able to search, I have found but one article that differs from this opinion which, if sustained, would indicate an ideal remedy.

The Journal of The American Medical Association has an editorial entitled

DIABETES FROM INJECTION OF ADRENALIN.

The suprarenal gland has long been an organ full of mystery. The preparation of the active substance or substances

of this substance known as adrenalin (Takamine) is endowed with powerful properties. Recently, Herter and Richards showed that the injections into the abdominal cavity of dogs of adrenalin solution, 1 in 1000, in doses of from 6 to 10 c.c. in each produces well-marked glycosuria. In one instance the sugar appeared in the urine in less than five minutes after the injection. Blum, Luelzer and Croftan all fouud that the suprarenal gland had some influence upon carbohydrate metabolism.

From this one would argue that the drug is "without injurious properties," but since I propose to discuss only a local effect I will leave this point for your future consideration.

From its prompt and effective action upon mucous membrane adrenalin received a hearty welcome from oculists and rhinologists. A solution as weak as 1-10,000 dropped into the eye or sprayed into the nose will within a minute produce a blanching of the mucous membrane and a relaxation of any turgesence, its lasting effect being in proportion to the strength of the solution.

During the month of January I had an excellent opportunity of observiug its action on the nasal mucous membrane in my own case and experienced great relief from its effects upon the swollen mucosa whenever the spray was used. What impressed me particularly was that no toleration seemed to be established, the effect was immediate and complete whether the application was made once or half a dozen times a day.

While suffering under the hands of our specialist brother member I came to the conclusion that though there might not be any relationship between a swollen and painful nose, caused by falling out of a buggy, and a swollen and painful penis, caused by gonococci, yet what reduced the swelling and relieved the pain in one case might be beneficial in the other. It happened that I was at the time treating some cases of gonorrhoea, most of which had been acquired during the Christmas and New Year festivities, and I argued in this wise:—

"It is obvious that the presence of a copious exudation must prevent somewhat the action of our injection or irrigation, and when we add to this the presence of a congested and swollen membrane lining our urethral canal the difficulty of cleaning this sewer is multiplied."

In using the adrenalin I hoped to produce a condition of ischemia that would, by reducing the swelling and lessening the discharge, promote the comfort, enable me to cleanse the urethra better and thereby exhibit my germicide to better advantage, and even, though this may seem a bit far-fetched, by reducing the circulation in the affected part to a minimum, lessen the chances of general infection.

The literature on this subject is exceedingly scanty. So far all that I have been able to find is an article in the International Medical Magazine, Sept. 1901, by Dr. G. O. Jarvis, and one in the New York Medical Journal, Feb. 15, 1902, by Dr. Chas. Chassaignac. However, they cover the path I proposed to travel and the latter goes considerably further. Dr. Jarvis uses as an injection in gonorrhoea

Extr. Suprarenal, ℥ii,
Cresol, mv—x.
Aq. et Glycer., qs f ℥i.

He gives his reasons for its use as follows:

"The efficiency of this drug in diseases of accessible mucous membranes, lies in its power to contract the capillary vessels and to lessen congestion; consequently giving greater facilities for making local applications and for drainage rather than in any direct germicidal influence. The constitutional symptoms are lessened by diminishing the absorption into the circulation of toxins produced in the infected area."

As to results, he says:

"The results were rather better than would be accounted for by the bactericidal action of the cresol, which is added chiefly to preserve the mixture; which, as is well known, may spoil in an hour or two and may then itself cause harm. There has been less congestion of the mucous membrane of the urethra, less frequent urination, and, thus far, no chordee. The patients express themselves as being very comfortable."

The number of cases so treated is not stated.

Dr. Chassaignac, of New Orleans, a specialist in genito-urinary and venereal diseases, advocates the use of adrenalin in hemorrhage from the bladder, and believes that its use will materially aid in cystoscopic work in such conditions. He uses it to facilitate the passage of instruments in cases of urethral stricture, and is "sure that at times a larger instrument can be passed after its use than could be done without."

The third condition in which he is using adrenalin is, to use his own words, "that troublesome sequel of urethritis in which we have a slight, but persistent, mucous discharge, after all infection or stricture has been disposed of, due at times to persistent local congestion produced by some chronically engorged blood vessel of the urethral mucous membrane." He cites one case in which the adrenalin was used in hemorrhage of the bladder, due to over-distension, with excellent results.

The first case in which I decided to use adrenalin came to me Jan. 11th. The patient was a fireman on the Y. & M. V. R. R. He had had gonorrhoea for five days—no treatment. The discharge was exceedingly profuse - more so than I had ever seen in such a condition, though as my experience with this disease is by no means great that is no criterion. The patient was obliged to change the "sock" in which he wore the penis every two or three hours. By my advice he stopped work and reported to me three times daily for treatment. After urination the urethra was well flushed with a hot salt solution and an injection of adrenalin 1-4000 used and retained a couple of minutes. The urethra was again flushed out and my germicide—in this case an aqueous 1-per cent. solution of Protargol—injected. This first treatment was at 6 p. m. The following morning he reported that he had not noticed any discharge the evening before, had examined the penis and "sock" when he went to bed at 9:30, but waking after midnight had found that it had returned. The same course was pursued three times that day. The following morning there was no discharge. The injection was used at 9 o'clock. He did not return at noon, having gone to work, and two weeks later he came in to pay his bill, saying that he had had no further trouble.

The second case was that of a clerk. The discharge was pretty severe and had lasted ten days on patent medicines. He was able to come to me twice a day, and in ten days was discharged and by direction took several glasses of beer and a couple of cocktails to stir up any gonococci that might have escaped. That was Jan. 27th. I have seen him within the past week and there has been no return.

Six other cases have been put through similar treatment, the only variation being that in four I merely gave them pre-

scriptions and showed them how to use the medicine. Sometimes the strength of the protargol solution was increased, and twice I used another germicide.

The first case mentioned recovered so promptly that I am forced to believe it was partly a coincidence. Either the infection was not great, though the discharge was, or his gonococci were unusually susceptible to the protargol.

But from a study of the others I feel sure that the use of the adrenalin was of benefit. In every case the discharge was promptly and markedly lessened, and they all recovered with a promptness very unusual in my experience, for I have not met with much success in the treatment of this disease. There were no complications such as chordee, orchitis or arthritis. I have not felt justified in using the adrenalin alone, for I am not satisfied that it has any germicidal value, but in the light of Dr. Sternberg's success with normal saline irrigations it might be considered indicated. This point requires fuller consideration but, as yet, I have seen nothing regarding it. A few days after first using the adrenalin for gonorrhoea a patient came to me with retention of urine due to urethral stricture. My smallest sound, an American No. 6, would not pass and I had no filliform handy. I cut the tip off a rubber catheter, introduced it into the urethra as far as the stricture and put in an adrenalin solution 1-1000. Three minutes later the sufferer was relieved and I introduced without difficulty, and with apparently little pain to the patient, an American No. 9. Of course this relaxation was partly due to the relief caused by the passage of the urine, but I am convinced that the adrenalin aided materially in opening the canal. This bears out the statement of Chassaignac above quoted.

For more than a month I waited for a second patient with stricture and getting none proceeded to look one up, having by that time decided to give this association the benefit of my work in this line.

J. E.—a negro carpenter aged 53—has had a stricture in the prostatic urethra for nearly seven years, for four of which I have had him under observation. Though well marked, the stricture has given him no trouble for more than three years, I sent for him and examined him. Though causing absolutely no discomfort when let alone, the stricture could not be passed by an American No. 8, though I could distinctly feel the tip of the sound engage in the opening, and the

attempt caused considerable pain. After three applications of adrenalin 1-4000 at five-minute intervals, an American No. 12 passed without difficulty and a No. 15 with but little pain. I had him come three days later and again at the expiration of a week, and though I was never able to get in a larger sound than a No. 16, I found that the resistance was always markedly less after the application of the adrenalin. If this was the case in a stricture that was causing no trouble ought not we to expect even better results in those cases where we have marked signs of inflammation?

My experience with adrenalin has been too small, owing to lack of cases, for me to express a positive opinion—therefore I will conclude with a quotation from Dr. Chassaignac, to which I have already referred:

"The active principle of the suprarenal gland may be of service in the presence of engorgement or congestion of any part of the urinary mucous membrane within reach, whether there is bleeding or not; in some cases it may act only as a temporary expedient, in others it may be permanent and curative."

TREATMENT OF TYPHOID FEVER WITH CASTOR OIL.

By C. C. Bass, M. D., Columbia, Miss.

Long before I knew anything about medicine I was taught that castor oil was a safe purgative and laxative. I have held to that idea all along my study and subsequent practice of medicine, simply accepting it as a fact rather than from actual knowledge.

Last year I had a case of typhoid fever, sixth day, with constipated bowels, temperature 104½, at my morning visit. Instead of ordering an enema to relieve the bowels as had been my custom where purgatives were contra-indicated, I ordered a tablespoonful castor oil. Upon my return in six or seven hours, to my great surprise, I found the temperature 103° instead of higher than in the morning as is usually the case. My patient had less delirium and bowels were not so tympanitic. Impressed by this, I ordered the same dose of castor oil at my next morning visit, at which time I found temperature 104°. Bowels moved in five hours and again in

another hour. Evening visit, temp. 102½°, no delirium. Next morning, temp. 103°. Ordered another dose castor oil, which acted three times in next eight hours. Found temp. 101½° next morning. Next morning temp. 102°. Ordered smaller dose castor oil, which acted twice in six hours. Found temp. 101° in the evening. This oil treatment was kept up through the entire course of the disease, and after this her temperature never went above 102°, and though it reached normal on 21st day from beginning of fever and 15th day of treatment, she had some fever in the morning before the oil acted on 22nd and 23rd days.

While this case was under treatment another case came under my observation fourth day of illness, which, however, I was inclined to think was malarial fever until ninth day of illness, when I decided it was typhoid. I based my decision on the therapeutic test. Gave quinine and calomel in full doses with no improvement. Temperature when first seen 103°, tongue furred but not raw around edges, tympanites, constipation and pain in belly. During the following four days temperature went as low as 102° twice, but on morning of ninth day was 104°, tympanites, delirium and rapid pulse, 130. Bowels had been acting profusely for two days. With my admirable results in the first case in view, which was now convalescent, and thinking that a thorough clearing of the bowels might check the diarrhœa, I ordered two teaspoonfuls castor oil and withdrew all other medicine. Took his temperature in seven hours and found it 103°, pulse 110, and learned that his bowels had acted freely in three hours from the administration of the oil, the action containing some oil—and again in half an hour, but no more. He remarked to me, though still slightly delirious, that the oil "did him good," and if I would give him some more he believed he would get all right. Decided to wait until morning for developments, when I learned that his bowels hadn't acted any more but were paining him some. Temp. 103 3-5°, pulse 120. Ordered another dose castor oil. Temperature was 102° in the evening and 101½° next morning. The castor oil was kept up for twenty days, with one exception, from the time first given, with these instructions about the dose:—"Give enough every morning to act in four to six hours; when the bowels are constipated give more, when loose give less." This patient's diarrhœa stopped after the first day oil was

given, his delirium ceased in three days, and though his temperature didn't reach normal until 19th day of illness it never went above 102° after third day of oil treatment. Had some fever every morning until 24th day, when it was normal twenty-four hours. Discontinued the oil 25th day and was sent for 26th day. Temp. 102°. Upon inquiring, I learned that he had eaten a small piece of banana. Ordered two tablespoonfuls castor oil, which acted in four hours. Three hours afterward temperature was normal and remained so. Oil was continued three days longer with no return of fever.

I treated four more cases in this family. Always at the beginning I gave quinine and calomel for three or four days to eliminate malaria. After this no medicine was given except a dose of castor oil every morning. When put on the oil none of them had a temperature below 103° nor 104½°. One of them never had temperature above 100½° after fifth day of oil treatment, and normal on fifteenth day of fever, but it returned on sixteenth day and reached normal again on twenty-first day, but above normal again on twenty-second and twenty-third days, which was the last of fever.

This patient had no oil on fifteenth day simply because her mother had been careless enough to get out of the oil and didn't tell me until the next day when I expressed surprise at finding another sister with a temperature of 103 2-5°, which hadn't been above 102° in several days. She said to me: "I know, doctor, what is the matter. Jack went off a day or two ago and didn't leave any money and our oil gave out, so she hasn't had any oil yesterday nor today. I knew her fever was higher." This struck me very forcibly—to see one of the laity, an illiterate mother-nurse, observing so positively the effect of leaving off the oil treatment. The last patient had temperature as high as 103° next two days, but not above 102° afterward. It reached normal on 21st and remained at and below normal after 24th day. One little boy in this family persisted in sitting up nearly all the time during the day throughout the entire course of the fever. His temperature didn't reach normal until 26th day, but didn't rise above any more, and two or three times I found it below 103° after third day of oil treatment.

Another boy whose temperature was 104½° and delirious when put on the oil treatment never had temperature above 100½° after fifth day of treatment, reached normal on 19th

day of fever with slight elevation on 20th. In these last four cases we had ample opportunity to know accurately the date of first fever as I was visiting in family all the time and they were continually trying to take it. As soon as one would complain I took his temperature. Several times I would find one in bed "with the fever" and on taking temperature find it normal.

My next case was their next-door neighbor, a lady 43 years old, who had had gastric catarrh several years. Saw her on fourth day; temperature 103½°. Put her on castor oil promptly. Temperature went as low as 99½° on third day of treatment and ranged between 100° and 102° throughout 23 days, with one exception. I was sent for about 16th day and found her with much pain and tenesmus in bowels which she said was due to the oil she had taken in the morning. Temperature 103 3-5°. They had gotten another brand of oil. I suggested that she get another bottle from another drug store and take it as before. After this there was no trouble.

My next case was still more interesting and instructive. A lady of 60 years with "heart troubles" for several years, but it proved to be functional only, palpitation, etc. This case was not seen until 10th day when she had diarrhoea, at least fifteen actions a day, delirium, but temperature only 101½°. Put her on castor oil and in three days delirium and diarrhoea were gone, temp. 101°. I never found it higher than that until her relapse, which will follow. She had no fever after 25th day for six days. I had discharged her and discontinued the oil when I was sent for to find her with temp. 102° and considerable tympanites. I couldn't elicit any imprudence in diet and don't believe there was any. Put her back on castor oil. Her temperature dropped back to 99½° next day and ranged below 100° in eight days when normal was reached after which she had an uneventful convalescence. I believe this was the so-called relapse or second infection.

Not in a single instance did a hemorrhage occur. Delirium always subsided, but I noticed that in every case there was after convalescence a very poor recollection of events that occurred during sickness. As for the correctness of the diagnosis in these cases you will have to accept it or reject it as you please, but I may say that any physician who sees typhoid fever almost the year round ought to be fairly correct without "Widal's test."

I am not claiming any curative effect in typhoid fever for castor oil and present these cases without myself being thoroughly satisfied as to the explanation of the results obtained. My idea now, which I may say is subject to change, is that castor oil goes through the bowel as a bolus or en masse and sweeps with it a large part of the poisons therein, generated by the ulcerative process and the bacilli, the absorption of which causes the elevation of temperature. This diminishes the amount absorbed and thereby reduces the temperature.

Castor oil causes a little tenesmus when it acts, varying a great deal with the purity of the drug, and for that reason I have not ventured to give it oftener than once a day; but I believe that if my patient can take a dose, say every six hours, without injuring him in any way, his temperature would never get one degree above normal. I am conducting some experiments now, with a view to ascertaining how often a patient can take the oil without injuring him. Also the exact mode of action. I also hope to be able to report later that castor oil is perfectly safe and harmless when taken often and if so we will have a specific in typhoid fever. It may be now that some other drug will act in the same way or even better and equally harmless, but I don't know what it is.

I think any physician will be pretty thoroughly convinced after trying it in one case. Take any case, the severest you may see, and put him on a dose of castor oil every morning and no other medicine whatever. The dose should be large enough to act in four to six hours and will range from two teaspoonfuls to two tablespoonfuls according to the condition of the bowels. Keep an accurate record of his temperature, and you will be convinced. At any time during the course of the fever withdraw the oil, and both you and your patient will be convinced. Float the oil in sweet milk in a hot cup and there will be no objection to the taste. It is not very objectionable, however, to typhoid patients, as their sense of taste is very dull.

ABSTRACTS AND EXTRACTS.

SYPHILIS.

In charge of E. F. Howard, B. S., M. D.

As an example of the contagiousness of syphilis Dr. Jacob's writing in the REVIEW OF REVIEWS, October, 1901, quotes from Dr. Francis Randolph Packard of Philadelphia, in his "History of Medicine in the United States, 1901," p. 39, from the History of New England, by John Winthrop, Jr.:

"In 1646, there fell out a loathsome disease at Boston, which raised a scandal upon the town and country, though without just cause. One of the town————, having gone cooper in the ship into————; at his return his wife was infected with lues venerea, which appeared thus: being delivered of a child and nothing then appearing, but the midwife a skilfull woman, finding the body sound as any other, after her delivery she had a sore breast, whereupon divers neighbors resorting to her, some of them drew her breast, and others suffered their children to draw her, and others let the child suck them (no such disease being suspected by any), by occasion whereof sixteen persons, men, women and children, were infected, whereby it came at length to be discovered by such in the the town as had skill in physic and surgery, but there was not any in the country who had been practised in that cure. But (see the good providence of God) at that very season there came by accident a young surgeon out of the West Indies, who had had experience of the right way of the cure of that disease. He took them in hand, and through the Lord's blessing recovered them all in a short time. And it was observed that though many did eat and drink and lodge in bed with those who were infected, and had sores, etc., yet none took it of them but by copulation or sucking. It was very doubtful how this disease came at

first. The Magistrate examined the husband and wife but could find no dishonesty in either, nor any probable occasion how they should take it by any other (and the husband was found free of it). So it was concluded by some that the woman was infected by the mixture of many spirits of men and women as drew her breast (for thence it began). But this was a question to be decided by physicians.'

Dr. L. D. Bulkley in presenting NOTES ON RECENT CASES OF EXTRAGENITAL SYPHILITIC INFECTION. (Journ. American Medical Assn). says that the total number of such cases which have come under his observation now amounts to about two hundred. Within eighteen months previous to the writing of his paper he has seen 23 instances of exta-genital chancre, 12 occurring in private practice and 9 in public. The distribution of these cases was as follows: Lip 9; finger 5; anus 2; hand, nostril, hard palate, tonsil, and eyelid, 1 each. A brief history of a number of patients is presented. The cases are reported, as he thinks others should be, to show the general profession that the accidental and innocent acquirements of syphilis is not unusual.

He finds chancre of the lip most frequent among the poorer classes. One case was traced to an infected pipe, two were attributed to barbers and several to the kissing of people with mucous patches. Four of the five cases of chancre of the finger, and the one case of chancre of the hand, were in physicians.

The REVIEW OF REVIEWS of January, 1902, abstracts from an article by Delchamps (Bulletin de l'Academie Royale de Medicin, Nov. 3, 1901) the following:

"Syphilis, from the moment the virus begins to act at the site of the primary sore, takes in its evolution, exactly the same course as the vaccinia: (1) Itching, sometimes intolerable, but never absent; (2) diffuse redness, sometimes confined to a small area, at the same time as the pruritus; (3) the formation of a small, reddish papule; (4) then a vesicle, a little larger than the papule, the liquid from which soon dries and forms a scab; (5) next a pustule which is surrounded by a small inflammatory area—then follows healing, as in vaccinia; (6) on this follows a depressed wound with a protruding border and induration; (7) finally the typical indurated chancre."

Malcolm Morris, F. R. C. S. Ed., in delivering the LANE LECTURES ON THE SOCIAL ASPECTS OF DERMATOLOGY, published simultaneously in the NEW YORK MEDICAL Journal and AMERICAN MEDICINE, Oct. 26th, 1901, spoke of syphilis as being much more infective than any of the inoculable diseases which cause the development of a constitutional taint. It is a specific exanthematous fever "diluted by time." The following stages may be perceived in a typical case of acquired syphilis:

(1) A period of latency, between the date of inoculation and the appearance of the local lesion; (2) an incubation period, during which the primary sore is formed; (3) an invasion period, marked by the presence of fever; (4) an eruptive period, in which characteristic lesions appear on the skin and mucous membranes; (5) a period of quiescence; (6) a period of sequelæ, in which the so-called "tertiary" lesions become developed. It is important that it should be clearly understood that in the primary stage, when the only objective mark of the disease is the initial lesion, syphilis is a local disease; during this period the infection can be conveyed only by direct inoculation of virus from the local sore. In the second, or eruptive stage; syphilis is a toxæmia: leisions are produced on the skin by the action of toxines brought to it in the lymph and the blood; and discharges from these lesions which contain the virus and are therefore infective. In the third stage syphilis is once more a local affection, and the tertiary lesions have only local contagious properties. In syphilis, as in other inoculable diseases, "mixed infection" is frequent, owing to the inoculation at the same time or later of micro-organisms of various kinds which give rise to suppurative processes and alter the typical appearances of syphilitic lesions.

The eruptive stage is not generally accompanied by constitutional disturbance, but sometimes there is fever, which occasionally runs high. The eruption itself is scattered over the chest and abdomen and is erythematous in character, resembling that of measles, but having a duskier tint. It is evanescent and soon gives place to a papular eruption, which appears on the limbs and neck as well as the trunk. Vesiculation and more rarely pustulation may occur; and in the later stages there may be formation of crusts, which by the superimposition of successive layers sometimes form a

structure having something of the appearance of a limpet shell. This is the condition known as "rupia," which is generally the result of neglect of treatment or failure of health.

At the height of the eruptive stage the clinical picture is bewildering in the complexity of its multitudious details. Syphilis writes its mark on the skin in characters of such diversity that it might almost seem as if it attempted to imitate those of other diseases. It similates nearly every known cutaneous affection, not only in the nature, but to a certain extent in the distribution of the lesions. One might almost say of it that it is not one, but all diseases' epitome.

The marks of hereditary syphilis are also writ large on the skin. A bullous eruption may appear almost immediately after birth and speedily cause death. In most cases the characteristic "snuffles" is followed by a polymorphous eruption presenting much the same characters as those seen in acquired syphilis. Condylomata are seen about the anus and sores at the corners of the mouth. The child looks withered and has often a peculiar senile aspect. It is fretful, wastes, and droops, and often dies. The skin is not usually the seat of any special lesions in the subjects of inherited syphilis who live to maturity."

Pediatrics for Aug. 1, 1901, comments editorially on the the teeth in hereditary syphilis. "The teeth of either the first or the second set are related in their nutrition and permanence to the local condition of the mouth and the general status of the patient Mercurial stomatitis, prolonged apthous stomatits, even simple uncleanliness in the care of the mouth (of babies and adults alike) will result in decay.' The effect of prolonged and exhausting acute fevers, of pregnancy and lactation upon the teeth is noted. "The dental erosions thus produced affect all the teeth equally there is nothing characteristic in the cups, facets or hollows that may result. In rickets the teeth are slow to appear; they may also be ill-shapen and prone to early decay but not in any particular way." Mercurial stomatis may modify the shape of the permanent teeth to such an extent that they may be really deceptive.

"In the order of their diagnostic importance these changes in the second teeth:

"1. Irregular dceay—Cupping or hollowing, or gen-

eral collapse. This may be suspicious but is too often seen elsewhere to be of great value.

"2. Furrows (dents raye's).—Certain of these may be cause for serious consideration."

"3. Microdontism"————"The dwarfism of the incisors, and particularly of the two middle upper incisors." "In the same class may be placed tuberosities and projections."

"4. Atrophy of the Crown. This may occur as far back as the first molar, giving the top of the tooth a shrunken and wrinkled look, comparable to a small tobacco pouch with the strings pulled tight. The same tooth in the region of the incisors is apt on first emergence to have a narrow brittle cutting edge, from which two or more fine spines project. The spines soon break, the cutting edge of the tooth decays somewhat more at the centre than at the margins, and we thus finally get the tapering tooth with concave "half moon" cutting edge, which was first described by Johnathan Hutchinson and which, when occuring in the upper middle incisors is practically pathagnomonic of hereditary syphilis.

"5. Chalk lines (sillons blancs)." These are milky discolorations on the two upper, permanent, front teeth. They are horizontal, symmetrical and are situated midway between gum and crown. They are rare.

Dr. Frank Lydston (International Medical Magazine, October, 1901), writing of The Many Sources of Error in Problems Concerning Syphilis, gives us the following on diagnosis:

"A postive diagnosis of primary syphilis is not so frequently possible as is generally supposed. If the differential diagnostic tables of the various text-books were reliable, the diagnosis of syphilis in the initial stage would be a very simple matter. Unfortunately, however, practical experience shows that differential tables are often of very little value. Indeed, it is questionable whether they do not lead directly into diagnostic errors in many cases in which sources of confusion exist. Especial stress is laid upon the period of incubation by many teachers of syphilology. This is one of the chief sources of error in the diagnosis of syphliis. Nothing is more uncertain and erratic than the so-called period of incubation. I say "so-called," advisedly, for

the period, as usually estimated, comprises, not the time which elapses from inoculation until the appearance of the first manifestations of the disease, but the period of time which elapses between exposure to inoculation and discovery of a lesion upon the genitalia. The source of errors here are obvious. First, the patient does not examine himself frequently, and observes the lesion long after it first appears. Second, inoculation does not immediately occur, but takes place some days after exposure. The patients story is relied upon to determine the date of exposure. He often sets a date which corresponds, not to the date of the real exposure, but to the date of coitus with some particular woman whom he suspects. He often has one or more female friends whom he considers above suspicion, and whom, consequently, he leaves out of his calculations entirely. The induration so glibly described by authors is so plain that, when typical, he who runs may read. But there are many shades of variation between the classic Hunterian chancre, which an expert might diagnose with his eyes shut, and the slightest parchment induration which so often resembles simple inflammatory induration. Then, too, a typical induration may become inflamed and its tipicity become masked by simple edema and hyperemia. Chancroid, in its various forms, and mixed or pus infection are likely to markedly modify chancre, rendering the diagnosis very obscure. Wherever there is doubt, we should wait until the course of the primary lesion, or its obstinacy, associated with typical bubo, clear the diagnosis, or until secondary symptoms appear. The test of antisyphilitic treatmen s be resorted to. When an indurated sore followed by classic bubo comes on after a prolonged period following a known exposure, the diagnosis of syphilis is generally safe. These cases are, however, not frequent. It is a noteworthy fact that the most speedy and dogmatic diagnoses of primary syphilis are made by tyros, in medicine. Conservatism in diagnosis increases with years of experience. It must be remembered that the patient with the venerial sore requires either no treatment whatever, or a thorough course of three years' duration. A mistaken diagnosis may occur to any one, however expert, but the more conservative one, is the less likely such errors are to occur."

The PHILADELPHIA MEDICAL JOURNAL, January 25th, ab-

stracts from an article by Dr. J. C. White in Boston Medical and Surgical Journal, January 16th, as follows:

"James C. White calls attention to the difficulties attending the diagnosis of syphilis, and especially the errors accompanying the interpretation of the symptoms. The failure to obtain á history of an initial lesion, is considered by the author as of little importance, and still less so when patients present themselves with characteristic syphilodermata. The inconsistency of the so-called "copper color" of the lesions, he believes to be another confusing element and often the source of error in the diagnosis. Likewise it is unimportant in the diagnosis of syphilis whether or not there are any lesions on the scalp. The absence of marasmus or emaciation should not be considered as having weight against a diagnosis of congenital syphilis, as many syphilitic children are born plump and apparently healthy. The rashes caused by the administration of the iodides often resemble syphilitic lesions to such an extent that an error in diagnosis is frequently made, which the author believes would occur less frequently if dermatologist would more intimately acquaint themselves with the iodide eruptions. The author is of the opinion that there is sometimes difficulty in making a differential diagnosis between variola, varicella and syphilis. Pityriasis rosea, described sometime ago by Gilbert, may give rise to confusion, especially because few physicians recognize the affection, which is not always taught. The differential diagnosis between syphilis and the many lesions which may simulate it, are discussed in detail. White calls particular attention to the courage that is required to make a diagnosis of syphilis, especially when the social standing of the patient is allowed to influence the physicians."

(To be Continued.)

THERAPEUTICS.

Toxic Dosage in Treatment of Some Nervous Diseases.—Dr. William C. Kraus, Buffalo, read a paper with this title. He asserted that the usual dosage given for bichlorid of mercury, for example, i. e., 1-20 to 1-10 of a grain, was of no avail in cases of brain syphilis. Here the drug should be given hypodermically in doses of one or two grains daily, and if so given gummata would quickly melt away. Although the ordinary dosage of Fowler's solution of arsenic was from one to ten minims, he had obtained good results in some cases of chorea from giving 30 to 60 minims, three times a day. In certain neuralgic and neurotic disorders marked benefit would result from giving large doses of nitroglycerin.—Journ. Amer. Med. Assn.

Guinard believes that the main cause of the accidents seen with rachicocainization is the solution of the cocain in water. He uses the cerebro-spinal fluid removed from the individual to be injected as the solvent for the cocain, and has not had a single accident out of 70 cases.—La Presse Medicale.

Carbolic Acid: Its Use and Abuse.—George W. Sargent finds phenol a satisfactory agent for the treatment of indolent ulcer after unhealthy and false tissues have been removed, used in a 95-per-cent. solution until the surface turns white. Ninety-five-per-cent alcohol is then applied till the normal color of a clean granulating surface appears. It is serviceable in mammary, tuburculous, and other abscesses, in erysipelas, ivy-poisening, lymphangetis that occurs with infected wounds, and the inflammation in caked breast. The danger of poisoning should always be borne in mind. Death has resulted from absorbtion through the skin. Strong acid on fingers or toes may result in gangrene. In poisening cases, several patients apparently moribund have recovered after the use of alcohol. Whether alcohol acts as antagonist or as a solvent is not certainly known. In poisened cases, wash the stomach out with alcohol, then give wiskey hypodermically with the idea of neutrallizing the acid in the blood. Other heart stimulants may be required. Alcohol is the most perfect, the most certain, and the most handy antidote to carbolic acid we possess.—The Therapeutic Gazette.

EDITORIAL.

H. H. HARALSON, M. D., EDITOR.

Entered at the Postoffice at Vicksburg, Miss., as Second-Class Matter.

SOUTHERN MEDICAL ASSOCIATION.

In another part of this issue we publish the constitution of the Southern Medical College Association as adopted at the meeting in Richmond, Nov. 1901. We note with pleasure the effort of the Southern colleges to adopt a curriculum that will materially advance the standing of the medical profession, and hope that all the schools of the association will abide literally by the requirements of this constitution. Three sections, making requirements that we believe have not hitherto been essential, especially strike the attention.

Art. IV, Sec. 4, in its second paragraph provides that "The minimum per cent. of actual attendance during any session requisite to credit a student with a full course shall be 80 per cent. of the collegiate course; and a certificate of such attendance, signed by the dean or secretary, shall in all instances be promptly furnished by the college so attended. Such certificate of attendance shall be required of a student before being matriculated into the next succeeding course." This cannot but meet with unqualified approval—except among a certain class of students. It is by no means unusual for students to matriculate late in a session, or to pay for tickets and never go near the college, simply to "get credit" for a course of lectures. By so doing they do themselves and their profession an injustice; they do their patients—if they ever get any—an injustice, and they do the college that they have pretended to attend a very great injustice. This section, if enforced, will aid materially in eliminating a very undesirable class of students.

Sec. 6 provides a minimum fee for professor's tickets of $75.00, and requires that, "In all cases where there is any

departure from the highest published rates in the catalogues, as in the case of beneficiaries, or worthy indigent students, which number shall not, during any one session, exceed twelve (12). The names and addresses of such beneficiaries shall be reported weekly, for the first four weeks of each session, to the secretary of this association, who will report the same to every college in the association." This law does not apply to "endowed institutions whose benefactions are confined to their own state; or to colleges receiving state appropriations, or whose charter privileges compel them to give free scholarships to students of their respective states." This section will receive much adverse criticism. A school may be able, through endowment, to furnish excellent facilities for the study of medicine for a less fee than $75.00. The number of beneficiaries (12) who may be received for a less fee than "the highest published rates" is too small, and the notification required when such beneficiaries are received is useless; the method is clumsy, and we predict this requirement will not be observed.

Art. 6, Sec. 2, provides that each candidate for graduation must have attended "four full courses of lectures, of not less than six months (26 weeks) each in four separate years." The increase to four terms is, of course, a step in advance and one that was not unexpected. Providing a separate term for each year is nothing new, but no way of enforcing it is provided and we presume that the students will evade the requirement and "double up" on their courses, as usual.

CONSTITUTION SOUTHERN MEDICAL COLLEGE ASSOCIATION, AS AMENDED AT THE RICHMOND, VA., MEETING, NOV. 12, 1901.

Article I.

Section 1.—This organization shall be known as the Southern Medical College Association.

Article II.

Section 1.—The Association shall be composed of delegates from Southern Medical Colleges whose faculties have signified a desire to become members thereof, have signed the constitution, and pledged themselves to abide by and comply with all the requirements contained therein.

SEC. 2.—The objects of the Association are to cultivate closer and more intimate relations between Southern Medical Colleges; to discuss and perfect methods of medical teaching; and to elevate the standard of medical education by requiring a more thorough preliminary training aud an increased length of time for medical study.

SEC. 3.—The Association shall be composed of one delegate, preferably the dean or other executive officer, from each medical college belonging thereto, who shall be elected annually by their respective faculties. Each college shall be entitled to one vote in the transactions of the Association; and a representation of a majority of the colleges belonging to the Association shall be required to eonstitute a quorum for the transaction of business.

ARTICLE III.

SECTION 1.—The officers of this Association shall consist of a President, Vice-President, Secretary and Treasurer (the latter two offices may be filled by the same individual), who shall be elected annually just before the final adjournment of the meeting, and they shall serve until their successors have been elected, and they shall perform the respective duties pertaining to such offices in other similar organizations.

SEC. 2.—The meetings of the Association shall be held annually at the time and place provided in the by-laws.

ARTICLE IV.

SECTION 1.—Every student, before being matriculated for the first course of medical lectures in any college belonging to this Association, shall be required to possess the following qualifications:

SEC. 2.—He shall hold a certificate from some known reputable physician, showing his moral character and general fitness to enter upon the study of medicine. (See form No. 1 appended to this constitution.)

SEC. 3. He must possess a diploma of graduation from some literary or scientific institution of learning, or a certificate from some legally constituted high school, general superintendent of state education, or superintendent of some county board of public education, attesting that he has been regularly examined and is possessed of at least the educational attainments required of first grade teachers of public schools, or a certificate that he has passed the entrance examination to a university; and a student may be given one month from the date of his admission to submit his qualification. (See form of certificate No. 2 appended.)

[Amend Article IV, Section 3, by adding: "And if he fails to possess the requisite educational qualifications in one or more branches, he may matriculate and attend his first course of lectures, but must present the requisite certificate

before matriculating in the second course.]

SEC. 4.—A set of tickets showing that the holder has attended one full course of medical lectures in any regular and recognized medical college shall be essential for matriculating for a second course of lectures in any college belonging to this association; and every student prior to matriculating for a third or fourth course of lectures shall be required to show, by similar evidence, that he has previously taken two or three courses of lectures.

The minimum per cent. of actual attendance, signed by the dean or secretary, shall in all instances be promptly furnished by the college so attended. Such certificate of attendance shall be required of a student before being matriculated into the next succeeding course.

No ticket or set of tickets shall be accepted as evidence that a full course in 1901, 1902, and thereafter, has been taken unless the dean or secretary has endorsed thereon his signature to a certificate that the actual attendance of the student has not been less than 80 per cent.; and said certificate shall specify the studies in which the student has passed or failed to pass.

SEC. 5.—The following classes of students may apply for advanced standing and obtain it, provided every applicant undergoes a satisfactory examination upon every branch below the class desired to be entered:

(a). Graduates of dentistry, of pharmacy, and of veterinary medicine.

(b). Graduates and matriculates who have completed one or more courses in colleges of homeopathy and of eclectic medicine.

(c). Graduates of recognized colleges and universities who have completed therein prescribed courses in elementary branches of medicine, including chemistry and biology.

SEC. 6.—The same charges shall be made in each of the courses, except where students are exempt from dissection and from laboratory work by reason of having performed the same before, and are not candidates for graduation; and colleges shall enforce and collect their published rates of charges. In all cases where there is any departure from the highest published rates in the catalogues, as in the case of beneficiaries, or worthy indigent students, which number shall not, during any one session, exceed twelve (12), the names and addresses of such beneficiaries shall be reported weekly for the first four weeks of each session, to the secretary of this association, who will report the same to every college in the association.

A violation of this provision shall subject the college so offending to expulsion from this association.

This law shall not apply to endowed institutions whose benefactions are confined to their own state; or to colleges

receiving state appropriations, or whose charter privileges compel them to give free scholarships to students of their respective states.

The following is recommended as the minimum rate of charges allowable by colleges belonging to this association:

Matriculation Fee	$ 5 00
Professors' Tickets	75 00
Anatomical Tickets	10 00
Laboratory Courses, each	10 00
Graduation Fee	25 00

ARTICLE V.

SECTION 1.—The branches of medical science to be included in a course of instruction shall be Anatomy, Chemistry, Physiology, Therapeutics and Materia Medica, Theory and Practice of Medicine, Pathology, Surgery, Obstetrics, Gynecology, Medical Jurisprudence (forensic medicine), Hygiene, Ophthalmology, Otology, Laryngology and Neurology, and special laboratory work as hereinafter provided.

SEC. 2.—Colleges belonging to this association shall not recognize the ticket of any college (issued subsequently to January, 1899,) which requires only three courses of lectures for graduation.

SEC. 3.—Colleges, members of this association, are free to honor official credentials issued by colleges of equal requirements, except in cases of branches embraced in the last year of their own curriculum.

ARTICLE VI.

SECTION 1.—Every candidate for graduation must be of good moral character, and must have attained the age of twenty-one years.

SEC. 2.—He must have attended, in a regular and reputable medical college, four full courses of lectures, of not less than six months (26 weeks) each, in four separate years, which is construed to mean that no two courses shall either commence or close in the same calendar year—that is, between the 1st of January and the ensuing 31st of December. The four years' course shall apply to all students matriculating for the first course on or after January 1, 1899. All students who may have taken their first course during the session of 1898, 1899, or prior thereto, and who may fail to be graduated before January 1, 1902, shall be required to attend and pay for a fourth course.

SEC. 3.—He must have dissected in two courses and must have attended two courses of clinical or hospital instruction.

SEC. 4.—He must have taken the following courses in laboratory departments, to-wit:

First and second year, Anatomy.

First and second year, Chemistry.

First, second and third year, Histology, Pathology and Bacteriology.

Fourth year, Surgical Laboratory.

[Amend Section IV, Article 6, by striking out the words "First and second year, Chemistry," and insert, "First year, Chemistry."]

SEC. 5.—Certificates signed by demonstrators in charge of the respective laboratories shall be accepted as evidence of attendance upon the same; and the time required to be devoted to study in the laboratories shall be determined by the respective colleges.

SEC. 6.—The form of the preceptor's certificate, attesting moral character and fitness, and the form of that of the superintendent of education, attesting the educational qualification of the student, shall be printed in each announcement of the medical colleges belonging to this association.

ARTICLE VII.

SECTION 1.—There shall be a committee of three members of the association, to be known as the executive committee, to be elected at each annual meeting of the association, to serve one year.

SEC. 2.—It shall be the duty of the executive committee to construe the laws and regulations of the association regarding all questions bearing upon the management and duties of medical colleges which may be submitted to them by members of the association during the interim between meetings, reporting construction of law and decisions to the next regular meeting for approval. The said committee shall also hear complaints from individuals or faculties of medical colleges concerning violations or infractions of the laws and regulations of the association, as applicable to colleges belonging thereto; and to investigate the same so far as to form a satisfactory opinion as to the truthfulness and justness of such complaints.

SEC. 3.—Should the committee, after due investigation, feel satisfied that the charges which have been regularly presented are well founded and of such a nature as to demand investigation of the association, it shall be the duty of the committee to notify the college so accused, furnishing a copy of the charges and findings of the committee, and also to report the same to the meeting of the association, with the names of the witnesses examined and such evidence as may have been elicited by the investigation of the committee, when the associatian shall summon such offending college to appear before it at that or some subsequent meeting, either regular or called, for trial upon the charges and specifications as rendered by the committee.

SEC. 4.—The trial in such cases shall proceed with only the legitimate representatives present; the president of the association shall appoint some member to conduct the prosecution, and the college accused shall appear in defense through its chosen representative.

SEC. 5.—After collecting all the testimony pro and con, as is usual in such cases, the prosecutor and the defense may briefly review the testimony upon such points as may seem of doubtful significance, when a viva voce vote shall be taken upon the sustainment of the charges and specifications. A majority present and voting shall be required to sustain the same.

SEC. 6.—If the charges are sustained as provided in Section 5, a vote shall then be taken upon the infliction of punishment. A two-thirds vote of all the members of the association shall be essential to the infliction of the grade of expulsion from the association, which is the highest grade of punishment. A majority vote of all the members shall be essential to the infliction of the grade of suspension or reprimand.

SEC. 7.—A college which has been expelled or suspended may be reinstated by the same vote required to inflict the punishment.

SEC. 8.—Amendments, additions to, or alterations in the constitution, which change its effect and meaning, shall be introduced in writing at a regular meeting and shall lie over until the next regular meeting before final action, and shall then only be adopted upon a two-thirds vote of all the members present.

SEC. 9.—A by-law may be enacted or suspended by a two-thirds vote at any meeting.

ADJUDGED GUILTY.

In a letter from a physician of Biloxi a short while ago, I extract the following, which will doubtless be of interest to the profession all over the State:

"A few days ago we local doctors united in an address to the County Health Officer, Dr. Sheely, who arose to the occasion and his duties and came on at once to take action. The result is before you. You will please give due notice to the profession through the columns of the RECORD of this achievement. If all county health officers would do their duty, as has been done by Dr. Sheely, we could soon up these fellows in this state."

With this letter was enclosed a clipping from the Biloxi Herald, which follows:

"W. A. McClelland, of Chicago, an osteopathist, who has been in Biloxi for the past three months, was convicted in Judge Champlin's court yesterday afternoon on the charge of practicing medicine without a license, and fined $20 and costs, the minimum penalty provided in the state criminal code.

"The state was represented by Hon. Thadeus A. Wood, former circuit judge of this district, who now lives in Gulfport, and Mr. McClelland conducted his own defense. He did it quite creditably, too.

"The prosecution attempted to show that the practice of medicine, as defined by statute, did not merely imply the administration of drugs, but related to all forms of treatment where a cure is striven for, whether by the use of prescriptions or appliances. Judge Wood interpreted the term "by use of appliances," and instanced the irritating of affected parts of the body with the hands, technically known as osteopathy. In the state's evidence it was shown that the defendant had used this method and that he had received remuneration for his services.

"Dr. McClelland, in his defense, argued that the practice of medicine did not embrace osteopathy; that he used no drugs, no medicines, and treated disease from a knowledge of the body's anatomy. He said that he had come south to rest awhile after a trying period of labor at home. His patients had followed him here, determined to rely solely upon his skill. He said that, with one exception, his patrons consisted of northerners, those whom he had treated before.

"After hearing the arguments, the court announced that the statute referring to the practice of medicine embraced osteopathy and all other manner of treatment where a remuneration was received.

"Mr. McClelland says he will continue to treat his patients, but will receive no pay. Under these conditions he will not violate the law, and will not be molested.

"County Health Officer Sheely, who swore out the affivit and was present at the trial, stated that he intended to prosecute several other similar cases in the county. Mr. McClelland is the only osteopathist within the corporate limits of Biloxi."

There is no doubt but that the practice of osteopathy in this state is a violation of the laws regulating the practice of medicine, and my observation has been that wherever the prosecution of these violators of law are heartily backed by a united local profession conviction is certain. Nobody objects

to an osteopath practicing medicine if he has license. It has not been a year since one went before the state board, stood his examination and obtained license. All others can do this if they show evidence of qualification and are of good moral character. The profession of Biloxi and Dr. Sheely, the efficient health officer of Harrison county, are to be congratulated upon the results of their efforts.

From the clipping I notice that McClelland says he will continue to practice and not charge for his services. This also would be a violation of law, and since the physicians of Biloxi have secured a conviction on their affidavit they should make another and prosecute again if he persists, whether he charges or not.

THE DOCTOR'S PLACE.

Under the above title in The Chicago Clinic, Dr. Marcus P. Hatfield gives utterance to the following sentiments which burn their way into the very hearts and souls of all physicians everywhere:

"The Philadelphia Medical Journal never stated a more important fact to the profession than when it recently reminded us that 'We should never cease to scout the idea that the doctor has no business in politics. The doctor has business everywhere.' And what is more, we can truthfully add that the doctor knows how to attend this business most efficiently, provided the right kind of a doctor has been selected. Dr. Leonard Wood is such a one and President Roosevelt never made a happier selection than when Dr. Wood was appointed governor of Havana. Not only Havana, but all Cuba, owes a debt of gratitude to Dr. Wood, not only for his executive ability, but also for the medical knowledge which has practically obliterated yellow fever from the whole island—a greater boon than even independence.

"Another physician who bids fair to bring credit to himself and his profession is Dr. John McGaw Woodbury, who has recently been appointed street cleaning commissioner by Mayor Seth Low, of Greater New York. All sanitary appointments should be filled by honest and capable physicians, not by political hacks, who seek the place for 'what there is in it.' And the rule holds good not only for the larger cities, but for towns and villages as well. Wherever the general health and hygiene of a community or county needs looking after in any way by a paid official, that official ought to be some regularly licensed physician living in that community.

Unsalaried work of this kind is by common consent loaded upon the doctor, but when it rises to the dignity of salary it is usually turned over to some 'practical politician' who has neither the requisite knowledge nor the honesty to faithfully administer his trust.

"How can the change be made? Only by agitation. So long as the profession is willing to take meekly what crumbs the politicians and hospital managers are willing to let fall from their tables so long we will get nothing better. Is your city dirty? Are its sanitary laws and the administration of its medical charities a stench before high heaven? Then kick, brother, kick with care; and keep on kicking the tenderest spot in the body politic until it rouses from its trance and sick babies and tired mothers have a chance for life, liberty and the pursuit of happiness.

"This ought to be the religion of every honest physician whatever his creed. To all such we commend the follow ing words from Dr. H. L. Russell, which well deserve your deepest consideration: 'You labor ceaselessly at the unremunerative and thankless task of conserving the public health and preventing the spread of epidemics and pestilence when you ought to be well paid for your efforts. * * * The laity can be taught to respect us just so far as we respect ourselves. They never will respect us so long as they can make us remain a political cipher. The fault is ours more than theirs. * * * 125,000 men need not beg for legislation.

DR. JOHN BROWNRIGG.

In April, 1884, at a meeting of the Mississippi State Medical Association in West Point, I first met Dr. Brownrigg. He impressed me then as being a man above the average. With an acquaintance extending over a period of nearly eighteen years, I never had cause to change my opinion of him. Dr. Brownrigg was a man of strong convictions, with the courage to defend them. His record as a soldier and as a citizen testify in unmistakable tones to the character of a true, noble man.

Although at the beginning of the war between the states he had been pr . ing the profession nearly ten years, he enlisted as a private in the Confederate army. He had too much ability and could do so much more valuable service elsewhere to remain long in the private ranks of the army. He was appointed regimental surgeon and then rapidly promoted to brigade and then to division surgeon. After serving four

years in the army he resumed the practice of medicine in Columbus, Miss., where by his skill, untiring energy and devotion to the sick, he won and retained the respect and admiration of his people until his death, which occurred in St. Louis, Mo., Jan. 21st, 1902. Dr. Brownrigg was about 75 years old when he died, having been born in Chowan county, N. C., Dec. 16th, 1827. He had lived in Lowndes county since 1836.

A very timely Treatise on Small-pox to sell at $3.00 is announced for publication early in April by J. B. Lippincott Company. It is written by Dr. George Henry Fox, Professor of Dermatology in the College of Physicians and Surgeons, New York City, with the collaboration of Drs. S. Dana Hubbard, Sigmund Pollitzer and John H. Huddleston, all of whom are officials of the Health Department of New York City, and have had unusual opportunities for the study and treatment of this disease during the present epidemic.

The work is to be in atlas form, similar to Fox's Photographic Atlas of Skin diseases published by the same house. A strong feature of the work will be its illustrations, reproduced from recent photographs, the major portion of which will be so colored as to give a very faithful representation of typical cases of variola in the successive stages of the disease, also unusual phases of variola, vaccinia, varicella and diseases with which small-pox is liable to be confounded. These illustrations number thirty-seven, and will be grouped in ten colored plates. 9½x10¼ inches, and six black and white photographic plates.

The names of Dr. Fox and his associates assure the excellence of the work, in which will be described the symptoms, course of the disease, characteristic points of diagnosis, and most approved methods of treatment.

It gives me great pleasure to state that my experience with Cactina Pillets has been most satisfactory in cases of rapid, irregular heart action. I find their use most successful in controlling and relieving the cardiac pains accompanying this condition.

Buffalo, N. Y. James H. Carr, M. D.

BOOK REVIEWS.

A Hand-Book of Appendicitis.—By A. J. Ochsner, M. D., Professor of Clinical Surgery, College of Physicians and Surgeons, Medical Department of the University of Illinois; Surgeon to the Augustana Hospital, etc. Pages, 182. Illustrated. Bound in red cloth. Price, $1,00 net. G. P. Englehard & Co., Chicago. 1902.

The author thinks the treatment of appendicitis is still sufficiently new to be worthy of consideration as a special subject.

This little book contains fifteen illustrations and a complete history of the disease. It is a wonderfully interesting and instructive treatise on this important disease. It enters into the anatomy, etiology, classification, symptoms, differential diagnosis, non-operative treatment, surgical treatment, after treatment and complications of appendicitis. To those interested in this disease, and all physicians should be, we commend this book for their consideration.

The Drug Habits and Their Treatment.—A Clinical Summary of some of the General Facts Recorded in Practice. By T. D. Crothers, M. D., Superintendent Walnut Lodge Hospital, Hartford, Conn., Professor Diseases of the Brain and Nervous System, New York School of Clinical Medicine. Pages, 96. Price, $1.00 net. G. P. Engelhard & Co., Chicago.

This is a well-written and, we believe, a valuable little book. The author very aptly says the disease of inebriety is now passing through the empiric and squatter stage of development, which meets every new truth in science. The partial recognition of the disease of inebriety has attracted the empirics who, like squatters in a new country, rush in and occupy the land with great noise and pretension. They never build towns or cities or develop the country, but disappear when permanent settlers arrive. He presents this book in the capacity of a permanent settler, and aims to point out some of the general facts and conditions of inebriety, and to indicate the great possibilities awaiting further research and more exact study.

Mississippi Medical Record.

Vol. VI.] May 1902. [No. 5.

ORIGINAL CONTRIBUTIONS.

*A WONDERFUL IMAGINATION.

By J. H. Purnell, M. D., Vicksburg, Miss.

The following case occurred in my practice in the year 1897, and illustrates the wonderful extent to which imaginings may lead. Mrs. F., a young woman of about 20 years, was married in the month of February. She was in good health at the time, and had been so previously, excepting menstrual irregularities, slight dysmenorrhoea and slight leucorrhea. She menstruated after marriage—some time near the middle of March. In May I was consulted by her regarding the absence of further menstruation, and when she was told that in all probability pregnancy was the cause of it, she was highly delighted, and said that to be a mother was the sweetest anticipation of her life. About the first of August she confided to me that she had felt movements—very slight, but still

*Read before the Vicksburg Medical Association.

such as she had never experienced before. Her health was perfect—had fattened considerably and complained of her clothing becoming too tight for her. She had experienced no nausea, but said that she had a capricious appetite, demanding articles of diet that had never tempted her before, in which her husband humored her to the last degree. I was called from the city early in September and did not return until late in November. Shortly after my return she sent for me to consult about her confinement. I found her dressed in a loose wrapper, looking well and radiant. She stated that she had been compelled to adopt wrappers two months previously, and had kept off the street except after dusk for that length of time. The movements of the child, she said, was very pronounced. "Mothers' Friend" had been called in to prepare the way for an easy accouchement. A dainty and elaborate trousseau had been ordered. Grandpa and grandma had been notified of the coming

heir and had sent pesents in anticipation of the coming. I fixed the date for the climax on or about January 1st. A shade of disappointment was observed and I was told that Dr. B. had been consulted during my absence from the city, and that he had suggested Decembe 21st as the probable date. After this visit I heard nothing until the night of December 21st, when I received a hurry call over the telephone. Upon reaching the residence I found the patient in company with her mother sitting before the bed room fire. A table was arranged near the bed containing chloroform, ergot, scissors and thread. A dainty basket with the frilled and tucked "first clothes" was sitting handy. I was told that the nurse had been sent for, and would soon be on hand. The prospective mother was intermittently making wry faces and was complaining of severe pains in the back and lower portion of the abdomen. The patient's mother whispered to me "that with every pain the water was escaping," whereupon I suggested the patient's lying down, as an examination was desired. This was readily complied with, and much to my consternation a normal non gravid uterus was discovered. Upon the announcement all pains disappeared, baby clothes were hidden, the nurse was discharged, and I beat an ignominious retreat.

TWO UNUSUAL CASES IN PRACTICE.

By B. L. Culley, *M. D.*, Jackson, Miss.

VERMIN IN BLADDER.

I was called April 30th, 1900, to see L. C., colored, aged 50 years, and found him suffering with retention of urine. I drew the water off, and prescribed; heard nothing more from patient till May the 30th, when he came to my office with the report that he had been having trouble in passing his water, and that he had passed a good deal of blood with the urine. At this time he had partial retention of water. I emptied the bladder, and gave him the catheter, with which to keep bladder emptied. On July 7th and 11th he came to my office and I drew the water with a large quantity of blood. August 5th, some better, apparently; August 8th, was called to see him, as he was suffering with partial retention, and passing blood and pus with each effort at urination. With the catheter I drew bloody urine and pus, and while doing so, the catheter became suddenly clogged. I withdrew it(and on placing it in a chamber a considerable quantity of mucus-like substance ran out of the instrument. On examination of this I found four live worms, about 7-10 of an inch in length, resembling more the common catterpillar than anything else.

It being such a rare occurrence, I took them to my office and examined them under a magnifying glass, which revealed grey and brown stripes, and a hairy coat. Being in doubt as to their source, I kept them several days, thinking, maybe, that they were hatched in the catheter, which he had been using for some time. After this, I saw that the catheter was cleansed before using. Several days after, on drawing the water, I found the same character of worms, and his wife stated that they came from his bladder on the cloths used at the time to protect the bed. For, since drawing the water the second or third time, there was a constant dribbling of urine. We now had a most severe case of ulcerative cystitis, which I thought due to the worms, or possibly to a tubecular condition, as the patient had the appearance of one with consumption.

I had known this man for several years, and he always seemed to be only a short distance from the grave. He looked as though there was no adipose tissue in his make-up. This had been his condition for many years, although he had a good appetite and digestion, up to present illness, and could do nearly as much work as most of the negroes on the farm. I am at a loss, somewhat, as to the class of vermin this belongs; it corresponds more to distoma heamatobium, mentioned by Purdy and Osler, quoting Bilharz's investigations, in which they say one-half of the adult Fellaheen and coptic population of Egypt, South Africa and Arabia suffer with this parasite. They state that the parasite lives in the venous system, particularly in the portal vein, and in the veins of the spleen, bladder, kidneys and messentery; and the eggs are found in the urinary passages and urine, usually accompanied by pus and blood.

When they invade the smaller vessels, notably those of the submucus tissues of the urinary tract, they induce severe, and in some cases fatal consequences. Their presence in mucus tissues of urinary passages, form nuclei, or calculus formation, so often found in the Egyptian. The cystitis grew worse, appetite failed, general septic condition supervened, followed by coma and death. Treatment was constitutional and local. Washing the bladder was unsatisfactory on account of the pain induced thereby, although at first it seemed beneficial. The patient had used for years water from branches, and that caught in barrels. While it is not known, water is supposed to be the medium in which the eggs are conveyed to the human. The rarety of such a case is my excuse for reporting it. I hope that it will be of interest to the members of our profession.

PURPURA HEAMORRHAGICA.

December 18th, 1901, was called to see F. K. White, aged 12 years. She was well up to two days before my visit, when she ate a large quantity of pork sausage for supper, and in a half hour or so was taken quite sick at stomach, and vomited the whole of her supper; next morning was apparently in her usual health and went

to school. Coming home that evening she complained of her limbs hurting her, and when put to bed, her mother noticed small red spots on her lower limbs, but thought nothing much of it until next day, she discovered the spots were extending up the lower limbs, and the same appearing quite thick on her forearms and hands; becoming uneasy, she sent for me. On my first visit, found patient in good spirits, but having at intervals pain in stomach and vomiting occasionally. The spots were of the character of erythema multiform, though some few had a decided hemorrhagic character. Seeing in the case something different from the usual I made a guarded diagnosis. Next day she was still nauseated, occasional pain in stomach, and tender on pressure over bowels. Purpura was well marked, each spot spreading, and by the next three days some were as large as a silver dollar, and merging into one another, until the lower and upper extremities were black. The spots were found to cover both lower and upper limbs to the trunk, and on scalp and eye-lids. There was some blood in the matter vomited. On the fourth day if illness she had convulsions, lasting only a few minutes, and recurring every half hour or so. Between each convulsion she would return to consciousness. The second day of the convulsions fever developed, pulse very rapid, and paralysis of motion of left arm and leg, and paresis of right upper and lower limbs. This condition continued for a week or ten days, and slight improvement begun in the paralized limbs. The spots in the meantime had begun to fade, though not until large blisters formed on wrists, leaving them raw and sore. As the general condition was improving, she developed a marked hysteria. She would open her mouth, and with an expiratory effort, sing for two hours at a time, seemingly conscious of what she was doing; and when requested to stop the noise, would scream at the top of her voice, asking to be let alone. When threatened to be left alone if she did not stop, she would propose to do so, if her mother would lie on the bed with her. Her appetite was not much impaired, but she was unable to retain food for the first few days. Warm water she seemed to relish, and was soothing to the stomach.

The classification of purpura is about the same by anemia and death from hemorrhage into the brain.

The prognosis is favorable in all the mild forms, but quite serious in the hemorrhagic, and when recovery does occur it is low. It was fully a month before my case recovered her usual health.

All authorities agree that treatment should be suited to the form of the disease, using astringents, sedatives, and such remedies as are supposed to be beneficial in bringing about a better condition of the blood. The pathology of this affection is not well known. Durhing states that an alteration in the blood, in all probability, exists. Osler and others state that there is a want of the usual coagulability of the blood, it

being thin, extravasation takes place. What the exact cause in my case I am not prepared to say. I was inclined to believe at first it was due to gastric trouble, but when I considered the nervous constitution of my patient, was inclined to the opinion that back of any, and all exciting causes, there is a constitutional, and also an unstable condition of the capillary veins; hence, easily ruptured under the exciting cause, whatever that may be. I first gave calomel and soda, a lead wash for limbs, and turpentine applied over the abdomen; and used cold applications to limbs to over come the burning heat and itching she complained of. To relieve the nervous condition, gave chloral and bromide of potash. When convulsions came on, gave morphone hypodermically, and apine by mouth, as needed, to keep her quiet; also at regular intervals she took syrup of iodide of iron, bromide and iodide of potash in combination. Being an unusual case, and not able, from the authorities, to give much help, as to the pathology and treatment, my treatment was largely symptomatic. I would be glad to have any of my fellows to give their views on this affection.

THE GONORRHEIC AND MARRIAGE.

By H. H. Haralson, M. D., Vicksburg, Miss.

Gonorrhea is one of the most obstinate diseases the physician is called upon to treat, and one that is attended with many serious consequences to the patient. As a rule when the patient is dismissed as cured his troubles have just begun. We have recently had opinions expressed upon this disease and its sequels by some of the ablest men in the medical profession. While the data furnished by these men are not absolutely correct, they show what impressions have been made on the minds of able men of large and varied experiences in the practice of medicine.

Hemiston gives it as his opinion that at least ninety per cent. of pelvic inflammatory diseases are attributable to gonorrhea. In over one thousand sections for pelvic suppuration Joseph Price states that ninety per cent. were traceable to gonorrhea, and that ninety per cent. of the histories furnished are reliable and clear. Quite a large number of leading physicians place the percentage of pelvic inflammation traceable to gonorrheal infection at from twenty-five to seventy-five per cent. True, this is a wide range, but it shows very clearly that gonorrhea is responsible for a large per cent. of inflammatory diseases of the pelvic organs of women.

Gonorrheal infection by men where the cases had been pronounced cured after treatment and bacteriological examination, is also a question that is now receiving consideration, and I think just-

ly so. Baldwin knows of but one case. Mann knows of but two cases. Jacobs estimates two to five per cent. Eastman five per cent. Noble reports three cases. Hirsch has seen it occur a number of years after the man was pronounced cured. Byford thinks that the infection usually follows recent cases or complicated old ones. Price places the percentage at fifty in married women. I believe that this is too high. Lawrence estimates it at twenty per cent. Jadassohn states that after he has given a man thorough treatment and after thorough bacteriologic examination he has concluded that a man is cured, and he has permitted marriage, he has not known of a single infection following the marriage. Finger says: "With a very extensive genito-urinary practice, and numerous candidates for marriage, I have as yet seen no case where a person, permitted to marry as cured, has infected his wife." Frederick does not know of infection after thorough treatment, and the culture tests have been negative. Because men sometimes convey the infection of gonorrhea after they have been pronounced cured is not convincing evidence to my mind that the disease is incurable. As a rule men now know the consequences of marriage when they are infected with gonorrhea and all such usually consult a physician before marriage. Here is the opportunity for the physician to render a service that is incalculable to woman-kind. It is his duty when consulted in such matters to speak plainly and impress upon the man the necessity of waiting until it can be proven by repeated bacteriologic examinations that he is probably not capable of conveying the infection. When this is done, like Jadassohn and Finger, I believe the chances of infecting the wife are very remote.

Upon the question of what proportion of cases of gonorrhea in the female is curable so that the patient is not infectious, there is also quite a diversity of opinion. Johnson says the proportion is very small—"once a clap, always a clap." I positively do not believe it. Inflammatory diseases of the pelvic organs may follow a gonorrheal infection that will forever render the woman an invalid, but to say that the vagina when once infected will always convey the infection, I do not believe. We all know that infection may exist for a long time. The writer recalls a case where the woman was positively known to have been infected by a first husband just prior to his death. Her widowhood extended over a period of seven years. During this time no one questioned her chastity, but her second husband was very promptly infected with gonorrhea after his marriage to her. Of course we have to accept the statement of the woman that she got the infection from the first husband, and the statement of the second husband that he had had no opportunity of getting the infection from any other source than the wife. Still I do not believe "once a clap, always a clap." Johnson and Lanthorn Smith think that none are absolutely curable, but qualify their statement by saying that in the course of time the infection

dies out—the gonococus kills itself with its ptomaines—in all cases. Frederick says: "I have never seen one whom I felt sure was absolutely cured; if we could know all the subsequent history of women after we had treated them we might find that some were cured. I have known men to be infected by women who I had treated thoroughly, and for a long period, thinking them cured." Noble thinks it difficult to eradicate gonorrhea in the female. Pozzi thinks it often curable. Ross makes a statement that I think very rational, and it accords very fully with my own ideas. He says: "No reason to believe that there are any incurable cases in this sense so far as danger og ingection of the males goes. While the disease may spread up into the tubes and ovaries and may produce incurable disease in these, I am firmly convinced that the vagina remains no longer infectious." Dudley says: "Many widows who have had gonorrhea from the first husband fail to infect the second husband. I do not recall a case in which a man was infected in consequence of marriage with a widow. If the danger were very great I thing more men would suffer. Why should not a man marrying such a widow be as liable as a woman marrying a man with a gonorrheal record?" Watkins believes that nearly all cases are curable if treated early and promptly. Wathen, Bodley, Van de Walker, Bolt, Grandin, and properly. Wathen, Bodley, Van de Warker, Boldt, Grandin, Robb, Krautzman all regard the disease as curable under proper treatment. Genito-urinary specialists, as a rule, believe gonorrhea, both in male and female, under some circumstances, curable, so far as the probability of transmitting the infection is concerned. While these specialists may be better informed as to its curability I do think the gynecologist has better opportunities of observing the results of the disease, as it relates to the pelvic organs, and for this reason his opinion is worth more than the genito-urinary specialists on this point.

"In what proportion of cases is sterility traceable to gonorrheal infection?" Dunn estimates three per cent.; Smith twelve per cent. due to the man's gonorrhea and twenty-one per cent. due to the wife's; Jacobs twenty to twenty-one per cent.; Shein, Grandin and Boldt thirty-three per cent.; Bovee and Ross forty per cent.; Stone, Lamphear, Price, Frederick and Mann, fifty per cent.; Noble sixty-six per cent.; Eastman, and Baldwin seventy-five per cent. The percentage is evidently high, but when there is such a diversity of opinion purporting to be from data we can but conclude that very little importance should attach to the pemrcentages given. It would appear that these percentages are based upon preconceived ideas rather than upon actual data.

"Should the gonorrheic be permitted to marry, and is this matter a proper one for legislation by statute?" We all know that men frequently marry and immediately convey gonorrheal infection to

their wives, often producing diseases fraught with the most dangerous consequences. We know that this sometimes, though rarely, occurs after a man has been treated for a long period of time, and after he has been assured by his physician that he can not convey the infection, but I believe the matter one for education and not for legislation. No doubt but that something should be done to check the spread of the disease and to protect the innocent from the infection, but I do not believe that it can be done by legislation. The time may come when the State may undertake to regulate it by statute, but if ever, it will be after the people are educated to the fearful consequences of the disease. I think Kales very aptly states: "The times seem foolishly to call for laws which shall suppress or regulate every evil, and these laws are usually impotent according as they are numerous. Their non-enforcement develops lawlessness, and their irregular enforcement is often times a matter of bribery or blackmail. The evils thus developed by our legislation are often worse than a continuence of the evil legislated against."

ABSTRACTS AND EXTRACTS.

In Charge of E. F. Howard, B. S., M. D.

SYPHILIS.

(*Continued.*)

Dr. Julien, in *Medical Press,* July 3d, 1901, describes *two clear cases of syphilis without a chancre,* occurring in surgeons wounded by needles during operation. In one case the disease manifested itself on the twenty-sixth day, in the second on the thirtieth.

Syphilis was not suspected in the patient at the time of the operation, but nine days later she developed a general roseola, and an examination revealed a syphiloma in the region of the fourchette and an enlargement of the inguinal glands. The following conclusions are drawn:

1. The blood of a syphilitic subject is infective, and this infectivity exists prior to the occurrence of the secondary symptoms. Assuming an average period to have elapsed between the primary lesion and the secondary symptoms, the patient must have had her chancre about thirty days before.

2. In these cases the inoculation took place into the blood and the disease skipped the stages which usually give time for a focus of infection to develop at the place of inoculation, giving rise to a syphiloma, thus impregnating the lymphatic system, which is always the first to suffer. Glandular enlargement in these cases only

became perceptible at the period of effervescence, concomitant with the mucous manifestations.

In Dr. Morton's article on General Pathology of Syphilis (*Brooklin Medical Journal,* March), occurs the following well-expressed points:

"An explanation as to why periods of latency occur is not entirely clear. There are two theories to account for the fact:

"I. Antitoxins formed in the body in consequence of the growth and activity of the bacteria, are thought by some to neutralize the virus.

"II. The poison for the time being, is supposed to be eliminated from the blood, but when the virus, which is stored up in the lymphatic glands and other organs, increases in quantity up to a certain point, it is discharged into the blood and again causes a saturation with its attending phenomena and a relapse takes place.

"In syphilis the pathological change consists of two conditions:

"a. An infiltration of the tissures with small roundcells, which begins in and around the arterioles; and—

"b. An endo- and peri-arteritis.

"This holds true of all the lesions in syhpilis and it makes no difference whether we are examining the primary sore, a gumma or a papule in the secondary period; the two elements are always present and only vary in degree."

The *New York Medical Journal* (Jan. 8th), publishes an article *Concerning Hepatic Syphilis,* by Dr. Flexner. In 5,088 autopsies he found 88 cases of hepatis syphilis. The types of disease were the interstitial hepatic, gummatous, perihepatic and amyloid. The first made up half of the cases. Next in frequency came the gummatous form (23 cases); perhepatitis was observed in 16 cases; amyloid in 7 cases. The so-called syphilitic scar was seen in 38 cases. They were located superficially, generally upon the superior and anterior surfaces of the organ, were commonly multiple, and at times penetrated to some depth. Flexner says that there can be no doubt that many gummata disappear from the liver, either as a result of treatment or spontaneously. The analogy with similar lesions on parts of the body were exposed to exact observation renders such a result probable, and he considers the scars referred to as adding proof of such an issue. When the scars are accompanied by fibrous bands penetrating the tissues and containing remains of gummata, then their nature may be taken as demonstrated. The prognosis is more favorable the younger the individual, the less advanced the lesion, and the fewer the complications, and even severe ascites, the effects of the pressure exerted by gummata, may gradually lessen and disappear.

The *Medical Record* of March 8th abstracts the following from the *Deutsche medicinische Wochenschrift,* February 6, 1902:

"Tertiary Syphilis of the Pharynx.—Levinger emphasizes the importance of the accurate recognition of isolated tertiary syphilitic lesions of the posterior nares and tonsils. When the posterior nares alone are involved, the lesions escape superficial observation, and can be seen only when posterior rhinoscopy is undertaken; for this reason patients whose history and objective symptoms are suspicious should always be examined in this manner. As a rule, the patients complain of sore throat, especially upon swallowing, and frequently this is so severe in nature that food is only sparingly partaken of, and the bodily nutrition is seriously impaired thereby. Headache is a prominent symptom. The ear may become involved through the Eustachian tube and a purulent otitis media develop. The soft palate is often considerably infiltrated, and less freely movable than normal. The voice has a nasal intonation, and in the morning is apt to be very hoarse. If the syphilitic lesion is of any considerable size, the presence of a purulent discharge is added to the above symptoms, and the breath becomes fetid. As a certain amount of such a discharge is more or less frequently swallowed, digestive disturbances, which may become pronounced, are caused hereby. The conjoined administration of potassium iodide and mercury forms the sheet anchor of treatment for this condition. In addition the local application of calomel and orthoform is to be recommended. The author reports a case in exemplification of the favorable results obtained by this method of treatment. Levinger also reports a case in which there was a syphilitic tumor of the tonsil. He believes that the case is unique, and that a similar condition has not hitherto been observed. The diagnosis is practically based upon the enlargement of the neighboring lymph glands and the fact that under the administration of potassium iodide the tumor rapidly disappeared. A syphilitic history was absolutely denied, and no other lesions of syphilis were observed."

Dr. Lydston, writing in *The Medical News* of Jan. 18th, of the "General Medical Treatment of Syphilis," says that success or failure of treatment in by no means infrequent instances depends more upon the general intelligence and therapeutic skill of the practitioner than upon the carefulness with which he carries out specific therapy. General hygienic treatment of syphilis is of great importance. Ptyalism and iodism may both be avoided in many cases by attention to the eliminative functions. The ingestion of large quantities of water, increasing the functional activities of the skin, kidneys and bowels, is very useful in syphilis. The best way to give iodide under these circumstances is to mix the drug with a given quantity of pure water, say from two quarts to a gallon, and have the patient drink the entire amount, a glassful at a time, at intervals during the twenty-four hours. Hot baths are very useful. They increase tissue metamorphosis, favor elimination and necessarily enhance the therapeutic action of the mercury and iodide,

while limiting any possible injurious effects of the drugs. A very hot bath of short duration, taken daily, followed by a cold shower or cold tub, has been found to be the best method for the average patient. Attention to the bowels is very important. Any of the simple forms of laxatives are the best. The saline aperients taken hot in the morning are very beneficial. In cases in which the bowels become irritated and instead of constipation there is diarrhoea, the substitution of tannate of mercury for other preparations, or the use of the inunction or hypodermatic method gives excellent results. When gastric symptoms are marked, the substitution of the inunction or hypodermatic method is imperative. Lavage seems to be of service in gastric derangements and increases the patient's tolerance for drugs. The combination of essence of pepsin, plain or phenolated, with the iodides is sometimes very useful. Taka-diastase is indicated where the irritation is largely of the bowel and starch indigestion exists. In persistent syphilitic lesions in which mercury and iodides are not tolerated the use of chlorate of potassium is followed by good results. The author states he believes that chlorate of potassium is one of the most valuable remedies in the systematic treatment of syphilis. The tonic treatment in this disease must not be forgotten, and various preparations of iron should be given. In conclusion the following points are emphasized: The physician should remember that he has to deal with three important factors in the treatment of syphilis: (1) A specific disease to be controlled by specific medication; (2) a distinct individual personality in each patient; (3) the result of antiseptic medication.

The *Journal of the American Medical Association* (Jan. 18), abstracts from *Annales de Dermatologie* (Paris), October, the following:

Indo-Mercury Cacodylate in Treatment of Syphilis. Civattl and Fraisse.—This communication from Brocq's service at the Broca hospital describes the results of the administration of a combination of arsenic and mercury in 60 cases of syphilis. After testing various preparations a special combination was made for the purpose of dissolving 1 gm. of mercury cacodylate and 2 gm. of cocodylic acid in 75 gm. of distilled water. In another vessel 1 gm. of sodium iodide is dissolved in 5 gm. of water, and the two fluids are mixed and neutralized with dilute solution of sodium. Distilled water is then added to make 100 c.c. The resulting fluid is limpid, stable, is not decomposed by light and can be sterilized at 120 C. for twenty minutes. The dose, 1 c.c., is injected perpendicularly into the upper, outer region of the buttocks with a needle 4 cm. long. No inconveniences were observed in any case. The results were so superior to mercurial treatment alone, that the addition of sodium cacodylate is evidently indicated in syhpilis whenever the patient is depressed, neurasthonlc or emaciated. The mix-

ture above described is soluble and easily absorbed by the cellular tissue. It is less painful than any other mercurial preparation and simplifies treatment by administering the two drugs at once. This combined method of treatment is unnecessary for vigorous or excitable subjects, and is perhaps contra-indicated in case of consumptives with a tendency to hemoptysis."

The Charlotte (N. C.) Medical Journal of January publishes the following abstract:

"Moore (*British Medical Journal,* Oct. 26, 1901) reports thirty cases of syphilis treated with serum obtained from patients with tertiary syphilis. The serum was obtained by means of cantharidin plasters, and from 10 to 40 cubic centimeters injected every three or four days for one or two months. Cases of refractory syhpilis quickly improved, and the improvement is said to be more lasting than after a course of mercury or iodides. Syphilitic sores heal under local application of the serum or compresses. The best serum was obtained from robust persons in the later stages of syphilis, and those patients who were treated with the serum yielded in turn better serum than those who had been treated with mercury."

The New Orleans Medical and Surgical Journal (January) abstracts from *The Gazette des Hopitaux* (Nov. 23d, 1901) the following:

"Dr. Reynes, surgeon to the hospital of Marseilles, reported recently to the*Marseilles Medical,* 1900, No. 19, twenty-six cases of syphilis which he treated with injections of hermophenyl. This salt of mercury is an oxide dissolved in disulfonate of sodium phenal. Its chemic, physiologic and antiseptic properties were fully demonstrated by Lumiere, Chevattier, Perrin, Barard (of (Lyon), etc. Owing to the remarkable solubility of hermophenyl and to the fact that no induration or abscess formation followed the injection of it into the muscles, Dr. Reynes thought of trying it in the treatment of syphilis by injections. He used a solutionu of 5 centigrams of hermophenyl in 10 c. cm. of distilled water. At first the solution looks cloudy, but it soon clears up entirely. Each c. cm. contains half a centigram of hermophenyl, and he used for one injection 4 c. cm., containing 2 centigrams of hemophenyl, which represent 8 milligrams of metallic mercury. The solution is so limpid, so easily absorbed, that of late Dr. Reynes injected it under the skin instead of deeply into the muscles of the glueteal region, a he did at first, the treatment being thereby simplifid, as injections can be made into the arm.

In the twenty-six cases reported, one hundred injections were made, and as stated, no induration, no abscess, no skin pigmentation ever formed. The injection is painless and resorption takes place rapidly. The cases were of the primary and secondary periods and as a whole most excellent results were obtained."

"Infantile Syphilis.—Attempting to medicate the newly-born by mercurializing the mother, or goat or cow which is supplying milk to the infant is useless," writes H. de Rothschild (*Le Progres Medical,* Dec. 7, 1901). "By the alimentary tract one may give Van Swietn's solution in milk in doses of 20 or 30 drops a day during the first month and 40 to 100 during the second, third and fourth months. The solution is as follows:

Mercuric bichlor. corros.	1.0
Alcohol	100.0
Aquæ	1000.0

Twenty drops would be equivalent to gm. 0.0025 (gr. 1-26) of the mercury salt. The protiodide, in doses of gm. 0.01 (gr. 1-6), a day, may be substituted for the bichloride. The cutaneous method, however, is the surest and most prompt. Five minutes' daily friction may be made with gm. 1.0-2.0 gr. xv.-xxx.) of mercurial ointment, changing the site of application each day to avoid irritation of the skin. Have the part well washed with soap and hot water before the rubbing, and give the child a bath every second day. An excellent method of applying mercury is by the sublimate bath administered once or twice a day, each bath containing gm. 1.0-3.0 (gr. xv.-xlv.) of mercuric chloride."—*Medical News.*

"Ayres states that he uses mercurol in his private practice, to the exclusion of all other drugs, in the treatment of syphilis. His experience is that he gets better results. He has found no form in which mercury can be given with such good results as in that of mercurol."—*Review of Reviews.*

"Lesser, (*Deutsche medicinische Wockenschrift,* Nov. 28, 1901), finds from experiments on animals and clinical observation that inunctions of unguentum cinereum and intramuscular injections of hydrargyrum salicylate, hydrargyrum thymol-acetate and oleum cinereum, as well as injections of soluble mercuric salts, never lead to the formation of mercuric iodide when given simultaneously with preparations of iodine. Hence a mixed treatment consisting of these combinations is both safe and capable of extensive use."—*American Medicine,* March 8th.

THERAPUTICS.

"A New Local Anesthetic.—A new local anesthetic, obtained from an Indian plant, gasu-basu, has recently been submitted to careful examination. The anesthetic action of this substance was discovered a year ago by a dentist in Fiume. He separated an alkaloid and in his experiments used the salt obtained by treating the alkaloid with hyprochloric acid. This salt has been named nervocidine. Two drops of a one-twentieth per cent. solution applied to the human conjunctiva produced a burning sensation, accompanied by lacrymation and followed, after twenty minutes, by anesthesia of the cornea, lasting five hours. After seven hours the cornea regained its normal condition. A one-tenth per cent. solution of nervocidine brushed over the mucous membrance of the cheek caused local anesthesia of the brushed surface and of the tongue, accompanied by loss of the sensation of taste and the perception of touch, but without loss of the perception of heat and cold. The general action of nervocidine on the system was that of a poison producing death by paralysis of the motor centres and of the peripheral nerves. All experiments proved that nervocidine was a powerful local anesthetic, for the effect of a one-half or one-fifth per cent. solution might last two or three days. It is, however, not without its drawbacks, producing local irritation, slow anesthesia and a liability to nausea, vomiting, salivation, and other symptoms of general poisoning.—*London Lancet."—Philadelphia Medical Journal,* March 22d.

"A New Valerian Preparation (Valerianic Acid Dimethylamid.)—As a result of their experiments with various preparations and derivatives of valerian, kionka and Liebrecht (*Deutsche Medicinische Wochensschrift,* Dec. 5, 1901), claim to have discovered a stable and reliable therapeutic preparation in valerianic acid dimethylamid, a colorless fluid with a peculiar odor and a pungent, acrid taste. Its physiologic action is characteristized by extreme restlessness on the part of the subject, followed by twitching and convulsions when given in toxic doses. On the vaso-motor system its effect is shown by constrictionn of the peripheral blood vessels, and an increase in the blood pressure, followed later by intermittent relaxation of the vascular walls, a decrease in the blood pressure and cardiac paralysis. Reflex action in the warm-blooded animals is not increased, but rather diminished when the drug is given in

small doses. The drug, under the name of "valyl," is put up in gelatine capsules containing 0.125 grain mixed with an equal portion of mutton suet, the dosage being two to three capsules t. i. d. Kionka and Liebrecht have obtained good results by its use in cases of hystria, neurasthenia, traumatic neuroses, neuralgias of various forms, menstrual disturbances, and disturbances of the climacterium and pregnancy."—*American Medicine,* March 22.

A New General Anesthetic.—Ethyl chlorid has recently come into favor as a general anesthetic in cases requiring a moderately protracted anesthesia. Ethyl oxid has a rather irritating effect, but the chlorid, having but a small percentage of chlorine, seems to be quite devoid of such action. The usual effects of anesthetics, nausea, vomiting, etc., do not follow the use of the ethyl group. There have been no deaths reported, and in 170 cases of Walberte there was not one unpleasant result and the anesthesia was rapid and complete, the patients recovering quickly and entirely.—*International Medical Magazine.*

A New Synthetic Drug called Protan is claimed by its producers (H. K. Mulford Co.) to possess remarkable astringent properties, which are exerted in the intestines without any deleterious action upon the stomach. It is said to be a definite chemical compound, containing 50 per cent. of tannic acid in combination with nucleo-proteid. It is a light brown powder, tasteless and odorless, insoluble in acid solutions such as the normal gastric juice, and it does not coagulate albumin or precipitate pepsin or peptones. Free tannic acid is liberated in the small intestine by contact with the alkalin juices encountered there. Protan, if it fulfils all these claims, should prove very useful.—*International Medical Magazine.*

EDITORIAL.

H. H. HARALSON, M. D., EDITOR.

Entered at the Postoffice at Vicksburg, Miss., as Second-Class Matter.

QUARANTINE AND THE MOSQUITO.

The quarantine regulations of the Marine Hospital Service, based upon the theory that yellow fever is conveyed only by the mosquito will be endorsed by every right thinking man. The theory that the disease is conveyed by the infected bedding, clothing, etc., of patients is antiquated, and whenever a board of health detains vessels for the fumigation of such articles it is placing an unnecessary restriction on commerce, and one it will not long submit to. It is poor policy for boards of health to place themselves in the attitude of being driven. They should be leaders and not followers. The rules and regulations of the Mobile Quarantine Board and of the Louisiana State Board of Health for 1902 is enough to provoke a smile, at least among all who have observed the recent advances on the question of the etiology of yellow fever. I believe in boards being cautious, but the experiments of Reed and his co-workers have clearly disproved the theory of the fomites transmission of this disease. If any further evidence of the non-conveyance of the disease by fomites were necessary one might read with much profit a recent report of Surgeon Gorgas, chief sanitary inspector of Havana, from which the following is extracted:

"The prospect for escaping re-infection from yellow fever grows more and more hopeful as the months pass, and each month strengthens the claim that is made that this disease has been eradicated from Havana. At the end of February, five months had elapsed since the last case occurred, and when we consider that, for a hundred years, Havana has never been free from yellow fever for a single month, this claim seems very strong. We feel confident now that Havana will have no more yellow fever until it is introduced from some infected point outside of Cuba. Vera Cruz has had more or less yellow fever all winter, and the sanitary department is watching this port with anxiety, as a possible point from which we might become infected. Our commerce with Vera Cruz is very intimate, and we have a number of passengers every week from that city. Believing that the mosquito is the only way by which yellow fever is propagated, the sanitary department put no restrictions upon goods, baggage or fabrics of any kind coming

from Vera Cruz. The only thing we fear is that some person sick or about to become sick with yellow fever may enter the city, thus poisoning our Havana mosquitoes. To avoid this the military governor has issued an order requiring all non-immunes to report daily for examination. This examination is kept up during the period of incubation, in the case of each individual."

MISSISSIPPI STATE MEDICAL ASSOCIATION.

Proceedings of the thirty-fifth annual session, Wednesday, April 16, 1902, 3 O'clock P. M.

The thirty-fifth annual meeting of the Mississippi State Medical Association convened in Representative Hall, Jackson, Miss., April 16, 1902, 3 p. m., with the President, Dr. J. M. Buchanan, in the chair.

Rev. J. B. Hutton invoked Divine blessing.

Dr. Rhodes, chairman of the committee of arrangements, made his report.

Drs. H. M. Street and S. H. McLean were appointed to serve on the Executive Committee from the 6th and 7th districts until the arrival of Drs. Larkin and Stewart, members from these districts.

Reports were received from Dr. J. F. Hunter, Treasurer; Dr. C. H. Trotter, Secretary, and Dr. B. L. Culley, Assistant Secretary.

Dr. J. C. Hall presented credentials as delegate from Sharkey County Medical Association, which was referred to the Executive Committee.

While awaiting the report of the Executive Committee, Dr. Kraus, of Memphis, presented some notes on the X-Ray in medicine and surgery, which was received with thanks and referred to Publication Committee.

The regular order of business was suspended and the Secretary requested to call the roll of members, and the following answered to their names:

William Aills, L. Anderson, J. H. Blanks, J. M. Buchanan, J. T. B. Berry, P. R. Brown, J. E. Banks, W. R. Brumfield, R. M. Britton, J. L. Backstrom, C. C. Bass, J. T. Butler, G. A. Brumfield, J. D. Biles, W. D. Beacham, J. A. Crisler, B. L. Culley, H. Christmas, T. J. Crofford, J. M. Catchings, I. H. C. Cook, E. C. Coleman, W. W. Crawford, Julius Crisler, S. R. Dunn, J. W. Dulany, S. T. Dunning, Jno. E. Davis, J. M. Dampeer, John Darrington, W. B. Dickerson, L. D. Dickerson, J. D. Donald, A. L. Emerson, T. W. Foster, H. M. Folkes, W. H. Frizzell, Jr., H. A. Gant, F. H. Gulledge, C. L. Green, J. D. Gillylen, T. G. Goodwin, J. J. Haralson, J. C. Hall, R. E. Howard, J. F. Hunter, W. L. Howard, W. D. Hubbard, S. T. Hamberlin, Frank Jones R. E. Jones, May F. Jones, D. W. Jones, C. Kendrick, M. J. Lowry, C. M. Murry, T. J. Mitchell, H. A. Minor, Chas. D. Mitchell, S. H. McLean, L. A.

Murdock; J. B. McElroy, J. W. Miller, E. H. Martin, D. G. Mohler, M. M. McMillon, J. C. McNair, J. E. Noble, K. P. Perkins, J. H. Plunkett, W. M. Paine, E. B. Poole, E. A. Rowan, J. H. Rhodes, R. W. Rowland, L. S. Rodgers, G. W. Robertson, Nolan Stewart, H. L. Sutherland, W. S. Sims, W. H. Scudder, H. M. Street, J. J. Steinger, J. R. Tackett, C. H. Trotter, O. M. Turner, J. D. Walker, N. E. Whitehead, B. F. Ward, S. M. Watson, S. N. Walker, B. S. Waller, W. M. Yandell.

The Executive Committee made the following recommendations for membership: M. A. McEachern, Jefferson, Carroll County; J. O. Ringold, Vaiden, Carroll County; M. L. Batson, Leadsville, Green County; Geo. Baskeville, Winona, Montgomery County; W. E. Montgomery, Norfield, Lincoln County; E. L. Green, Carpenter, Copiah County; J. R. Lanning, Corinth, Alcorn County; J. H. Byrd, Zieglerville, Yazoo County; T. J. Ray, Centerville, Wilkinson County; V. B. Martin, Bogne Chitto, Lincoln County; J. T. McLean, Sidon Leflore County; O. L. Bailey, Ocean Springs, Jackson County; J. E. Brumfield, Gladhurst, Pike County; L. B. Neal, Raymond, Hinds County; W. J. Chapman, Lake City, Yazoo County, Chas. LeBonn, Jackson, Hinds County; Clyde R. Stingley, Pelahatchie, Rankin County; H. L. Flake, Rolling Fork, Sharkey County. The above were duly and constitutionally elected.

The question of reorganization of the Mississippi State Medical Association on plan suggested by the American Medical Association was taken up.

On motion a committee of five, composed of Drs. J. C. Hall, Frank Jones, J. A. Crisler, W. M. Paine and H. L. Sutherland were appointed to investigate plan and report at afternoon session on Thursday.

The Association then adjourned until 8 o'clock p. m.

EVENING SESSION.

The Association was called to order by the President. Dr. H. A. Gant the thanks of the Association were tendered the gentlemen, of welcome on behalf of the city of Jackson, after which Dr. Julius Crisler responded on behalf of the Association. On motion of Dr. Gaut the thanks of the Association were tendered the gentlemen, and a copy of their speeches requested for publication in the transactions.

The first paper of the evening was "General Remarks on Hygiene and Sanitation," by H. A. Gant. The paper received and referred to publication committee. Discussed by Drs. Sutherland, Rowan, Ward, Dunn and Culley.

Dr. H. M. Folkes, Biloxi. read an interesting paper, the title of which was "Infant Mortality, Cause and Prevention." The paper was received and referred to Publication Committee. Discussed by Drs. Perkins, Culley, Beacham, Ward, Sutherland, Blanks. Closed by Dr. Folkes.

Dr. Duke not being present, his paper on "Hygiene" was read by title and referred to Publication Committee.

On motion adjourned until 9 a. m. Thursday.

MORNING SESSION, APRIL 17, 1902.

The Association was called to order at 9 a. m. by President Buchanan.

Dr. Dunn asked that a time be set for the meeting of the Department of Public Halth. On motion the time was fixed immediately after completion of work in section, "Dermatology and Genito-Urinary Diseases."

Dr. Julius Crisler read a paper on "Syphilis." Referred to Publication Committee. Discussed by Drs. Dunn, Perkins, Lowry, Kraus and Jones. Discussion closed by Dr. Crisler.

The Executive Committee reported for membership the following: J. W. Barksdale, Vaiden, Carroll County; J. S. Sanders, Coffeeville, Yolabush County. They were duly elected members of the Association.

The Association took recess to allow the meeting of the Department of Public Health. After the adjournment of this department the Association resumed business. Paper was read by Dr. H. L. Sutherland on "Indigestion, the Remorse of a Guilty Stomach." The paper was received with thanks, referred to Publication Committee and discussed by Drs. Kraus, Folkes and Gant. The discussion was closed by Dr. Sutherland.

The Executive Committee recommended the following for membership and they were elected: Dr. S. G. Wilson, Brookhaven, Lincoln County; Dr. W. W. Davis, Brookhaven, Lincoln County.

Dr. Sutherland moved that those discussing papers be requested to write out the substance of their remarks in order that they might appear in the transactions. After much discussion Dr. Barksdale tendered his services as stenographer for the purpose, and the motion was withdrawn and the Association accepted Dr Barksdale's services with thanks.

Dr. B. F. Ward, Winona, read an interesting paper, "Be Sure You Are Right and Then Go Ahead." The paper was received with thanks to the author, referred to the Publication Committee, and discussed by Drs. Kendrick and Gant.

Dr. E. M. Holder, Memphis, Tenn., read a paper on "Trephining for Traumatic Epilepsy." Paper received, referred to Publication Committee and discussion postponed until afternoon session.

The Association adjourned until 2:30 p. m.

AFTERNOON SESSION, 2:30 P. M.

The Association called to order by President Buchanan pursuant to adjournment.

Discussion of Dr. Holder's paper declared in order. Discussed by Drs. Darrington, Barksdale, Buchanan and Brown. Discussion closed by Dr. Holder.

Dr. H. M. Street read a paper on "Gun-Shot Wound of the Head." Paper received with thanks and referred to Committee on Publication. Discussed by Drs. Dunn and Gant. Discussion closed by the author.

Committee on reorganization made its report, as follows:

MAJORITY REPOGT:

Whereas, the Constitution and By-Laws of the Mississippi State Medical Association requires that any proposed alteration in the organic law be made in writing and that the same lie over one year; therefore, be it

Resolved, That the report of the committee on the reorganization of this Association, in compliance with the plan proposed by the American Medical Association be taken up and adopted at the annual meeting in 1903.

J. C. Hall,
H. L. Sutherland,
J. A. Crisler,
Frank Jones.

MINORITY REPORT

was made by Dr. W. M. Paine, objecting to the reorganization under said plan.

The Executive Committee presented the following report:

Your Executive Committee desires to present two topics for your consideration, viz: 1. The present law as to County Health Officers. 2. The coroner as related to our profession.

The present law emasculates the office of County Health Officer—takes from it the power that constitutes its essence. Instead of his duties being prescribed by parties thoroughly informed as to the needs demanding the office, instead of his remuneration being determined by men of like ability, the health officer has to depend on the Board of Supervisors of his county for his remuneration, can do naught save by the will and order of it. One Health Officer gets ample salary and is empowered to meet the emergencies as they arise, another small compensation with much work, while a third sits idle when he should be putting forth his best efforts, unable to do aught because the supervisors (usually men ignorant of the dangers threatening), are the source whence comes the authority to act, and the backing which will render that act effective. The duties of the County Health Officer should be clearly defined by the law and should be mandatory, and a penalty affixed for neglect of duty. His orders on questions pertaining to his office should be enforced by the chief health authorities.

We affirm that the coroner should always be a physician who has had special training in pathology, toxicology and in medical jurisprudence. No man not thus equipped is competent for the office. The ends of justice are subverted and thwarted at short in-

tervals in almost every county in our State for lack of a coroner thus equipped.

We recommend to your consideration these two important topics. Besides the discussion now to be had on them, we deem it important that the members of this Association give them much study during the next year, and that at our next meeting further discussion of them be had.

H. A. MINOR,
Chairman Executive Committee.

Dr. H. M. Street offered the following resolution, which was referred to the Committee on Legislation:

Resolved, That it is the sense of this Association that the office of county coroner should be filled by a competent physician elected upon competative examination in pathology, microscopy, chemistry, medical jurisprudence and toxicology.

Resolved, That this be referred to Committee on Legislation to formulate a bill covering the duties and salaries of each of these offices and secure its passage at the next meeting of the Legislature.

Dr. R. E. Jones read a very interesting paper on "Gun-Shot Wound of the Abdomen With Five Perforations of Intestines, Operation, Recovery."

The paper was received with thanks to the author and referred to Committee on Publication. Discussed by Drs. J. A. Crisler, H. M. Street, Crawford, Davis and Butler.

The following resolution was offered by Dr. Culley:

Resolved, by the Mississippi State Medical Association, now in session, That all members who are in arrears for dues in any amount over four dollars at the close of this meeting be dropped from the roll of membership.

After much discussion it was decided, on motion of Dr. Dunn, that all those who were in arrears to an amount greater than five dollars be allowed to settle in full to date by paying five dollars. The Assistant Secretary was instructed to draw a draft on all such and a failure on the part of the member to settle would drop him from the roll of membership.

On motion the time for the election of officers was changed from Friday afternoon to 9 p. m. Thursday.

On motion the Association suspended regular order of business in order to select the place for next meeting. Dr. Dunn nominated Greenville and supported the nomination by an earnest and convincing speech. Greenville was selected as the place for the meeting of the Association in 1903.

Dr. J. W. Miller read a paper on "A Report of Some Early Aseptic and Antiseptic Treatment of Gun-Shot Wounds."

The paper was received and referred to the committee on Publication. Discussed by Drs. Kendrick, Hall, Aills, and discussion closed by Dr. Miller.

Dr. Barksville read a paper on "Supra-Pubic Cystotomy." The paper being received and referred to Publication Committee, was discussed by Dr. Ward.

Dr. J. H. Plunkett read a paper on "Pneumonia, with Special Reference to Use of Creosote in its Treatment." The paper was received and referred to Publication Committee. Discussion postpond until evening session.

Association adjourned to meet at 8:30 p. m.

EVENING SESSION.

The Association met at 8:30 p. m. Discussion of Dr. Plunkett's paper declared in order. Discussed by Dr. Dickerson.

Dr. Davis read a paper on "Surgical Complications." Paper received and referred to Publication Committee. Discussed by Drs. Barksdale, Dunn, Paine and Crofford. Discussion closed by Dr. Davis.

On motion the regular order of business was suspended and the President delivered his annual address. Subject, "The Insane."

The election of officers was now declared in order. Dr. Dunn, in a well chosen speech, placed in nomination Dr. H. L. Sutherland for President. There being no other nominations, the Secretary, Dr. C. H. Trotter, was instructed upon motion by Dr. C. D. Mitchell, to cast one vote for all for Dr. Sutherland for President for the ensuing year.

Dr. C. H. Trotter nominated Dr. J. H. Rhodes for first vice-president and he was dutly elected.

Dr. Aills placed in nomination Dr. J. T. B. Berry for second vice-president, and he was duly elected.

The following named gentlemen were elected on Executive Committee:

First District, Dr. W. M. Paine; Second District, Dr. K. P. Perkins; Third District, Dr. W. H. Scudder; Fourth District, Dr. C. D. Mitchell; Fifth District, Dr. J. R. Tackett; Sixth District, Dr. H. M. Folkes; Seventh Districtfi Dr. L. D. Dickerson.

Dr. H. A. Gant introduced the following resolution, which, according to the Constitution and By-Laws, was deferred for action upon until the April meeting, 1903.

Resolved, That that portion of section 1, article 4 of the Constitution and By-Laws relative to the number composing the Executive Committee be so amended as to read: "The Executive Committee shall be composed of one member from each Congressional District," instead of seven members, as at present.

Dr. J. A. Crisler read a paper on "Some Salient Points in the Technique of Twenty Abdominal Sections Done in the Past Eight Months." Paper was received and referred to Publication Commit-

tee. Discussed by Drs. Darrington, Minor and Paine. Discussion closed by Dr. Crisler.

Association adjourned until 9 a. m. Friday.

MORNING SESSION—FRIDAY.

The Association was called to order at 9 o'clock a. m. by the President.

Dr. J. H. Rhodes read a paper on "The Treatment of Hemorrhoids by Injection." Paper received and referred to Publication Committee. Discussed by Drs. Berry, Buchanan, Paine and Christmas. Discussion closed by Dr. Rhodes.

Dr. J. T. B. Berry read a paper, "Some Notes on Recent Progress in Rectal Surgery." Paper received and referred to Committee on Publication.

Paper, "Irritable or Painful Ulcer of Rectum," by Dr. Buford Larkin, was read by title and referred to Publication Committee.

Paper, "The Drugs We Use to Affect the Heart," by Dr. Alford, on motion was read by title and referred to Publication Committee.

Paper, "The Unwillingness of Women to Become Mothers, and the Vice of Such Practice," by Dr. Harbour, on motion was read by title and referred to Publication Committee.

Dr. Bass read a paper on "Hygiene," which was received and referred to Publication Committee. Discussed by Drs. Howard, Martin, R. E. Jones, Buchanan, Gant, Christmas and Cook.

Executive Committee reported the following for membership:

W. W. Smithson, Durant; J. R. Lockhart, Magee; Geo. P. Hamilton, Aberdeen. They were duly elected.

Paper, "Sporadic Cretinism," by Dr. Brown, on motion was read by title and referred to Publication Committee.

Dr. M. L. Howard read a paper on "Abdominal Hysterectomy." Received and referred to Publication Committee. Discussed by Dr. W. W. Crawford, and closed by Dr. Howard.

Dr. C. D. Mitchell read a paper on "Prophylactic Gynecology." Paper received and referred to Publication Committee. Discussed by Drs. Dickerson, Minor, Christmas, Culley, Martin and J. A. Crisler. Discussion closed by Dr. Mitchell.

Dr. Martin made a motion that reprints be published of a portion of Dr. Mitchell's paper, and that one hundred copies be sent each female school in the State. After much discussion the motion was withdrawn and motion substituted that a marked copy of the transactions be sent to the resident physician of each female school when they have such physician and none to other schools. Motion was carried.

On motion, accounts of the Secretary, Assistant Secretary and porter were allowed.

On motion account of twelve dollars due the Clarion-Ledger for printing programs was allowed.

On motion the usual honorarium was allowed the Recording Secretary, the Assistant Secretary and the Treasurer.

Dr. J. C. Hall was elected delegate to the American Medical Association and Dr. W. M. Paine alternate.

By request the Secretary offered the following resolution:

Resolved, That we are in favor of introducing into the Medical schools of the United States the practical teaching of three subjects—Dietetics, Physics, Mechanical Therapeutics and Hydrotherapy. On motion the resolution will lie over until the meeting of the Association in April, 1903.

Dr. Hubbard read a paper, "Eclampsia, Prognosis of Subsequent Pregnancies." Paper received and referred to the Committee on Publication. Discussed by Drs. Martin, J. A. Crisler, Sutherland, Minor and Foster.

The retiring President introduced the President-elect, who announced the standing committees and the chairmen of sections for the ensuing year:

PUBLIC HEALTH—W. M. Paine, First District; K. P. Perkins, Second District; W. H. Scudder, Third District; C. D. Mitchell, Fourth District; J. R. Tackett, Fifth District; H. M. Folkes, Sixth District; L. D. Dickerson, Seventh District.

Executive Committee the same as the Committee of Public Health.

SPECIAL SESSIONS.

General Medicine, K. P. Perkins, Batesville, Chairman.
Hygiene, O. L. Bailey, Ocean Springs, Chairman.
Surgery, W. W. Crawford, Hattiesburg, Chairman.
Obstetrics, J. W. Dulaney, Greenwood, Chairman.
Gynecology, J. H. Rhodes, Jackson, Chairman.
Diseases of Children, C. M. Murry, Ripley, Chairman.
Bacteriology, E. A. Cheek, Arcola, Chairman.
Materia Medica, J. M. Dampeer, Crystal Springs, Chairman.
Nervous Diseases, J. R. Tackett, Meridian, Chairman.
Dermatology and Venereal Diseases, E. P. Odeneal, Greenville, Chairman.
Ophthalmology, To be filled.

PUBLICATION—C. H. Trotter, J. F. Hunter, Julius Crisler, G. Y. Gillespie, Geo. Baskeville.

ARRANGEMENT—H. L. Sutherland, C. H. Trotter, S. R. Dunn, E. P. Odeneal, J. D. Smythe.

NECROLOGY—M. C. Ellis, L. A. Murdock, J. W. Miller, H. A. Minor, J. J. Haralson.

CONTRIBUTIONS—C. H. Trotter, B. L. Culley, J. T. Butler, B. F. Ward.

On motion the Association adjourned to meet in Greenville, Miss., on the third Wednesday in April, 1903.

THE M. J. BREITENBACH COMPANY,

Importers of Gude's Pepto-Mangan, some time ago were apprised of the fact that their rights were being invaded by a firm of Boston, Mass. They took the matter to the courts last February, and got a decision in their favor in March. They left no stone unturned to protect themselves in what they considered a just cause.

The following language was used by the court in the decree rendered and we consider it of much importance: "It appearing to the court that the use of the wrapper and package employed by the defendant for its preparation of iron and manganese as described in the bill of complaint, is calculated to deceive the public and enable the defendant's preparation to be passed off as the preparation of the plaintiff, known as Gude's Pepto-Mangan," etc. From the above language it is certainly plain that the court considered the articles of defendant a fraud. An injunction was issued restraining the defendant from sending out any more of the fraudulent article and awarding damages to the plaintiff. This is as it should be. No man has a right to imitate the product of another and thus reap the fruits of his labor.

Joseph J. Kinyoun, M. D., Ph. D., late surgeon of the Marine Hospital Service and Director of the Hygienic Laboratory at

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is undoubtly that which is the least harmful to the man in the dose required for asepsis."—M. Dujardin Beaumetz.

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An interesting little bronchure, entitled:
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A remedy of acknowledged value in the treatment of all diseases of the urinary system of especial utility in the train of evil effects arising from a uric acid diathesis. A phamphlet treating of "Renal Derangements" may be had by addressing:

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Washington, has assumed the directorship of the biological laboratories of the H. K. Mulford Company at Glenolden.

During Dr. Kinyoun's service with the government he enjoyed special advantages in the study of bacteriology and allied subjects, having been sent to Berlin and Paris on several occasions, where he received special instructions under Professors Koch, Roux, Behring and Pasteur in the Hygienic Institute, the Institute for Infectious Diseases of Berlin and the Institute of Pasteur of Paris. In addition thereto he has, on numerous ocasions been delegated by the government to International Congresses and to visit the various bacteriological institutes of Europe and Japan for the purpose of acquainting himself with the progress made in serum organotherapy and the investigation of infectious diseases.

Dr. Kinyoun is widely and favorably known at home and abroad as a sanitarian and investigator and is uniquely fitted for the task of conducting original research work.

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ANTICEPTIC SAVING ?

ECONOMY belongs to every doctor's armamentarium. Antiseptics are a part of the physical economy. Sixteen ounces of fluid containing about 90 grains of inexpensive solids cost you one dollar. Eight ounces of Tyree's Antiseptic Powder make eight gallons of Standard Anticepti Solution and cost you 80c. One is water; the other is plain stock; one costs $1.; the other 80c. Ninety grains in one: eight ounces in the other. In one you pay more for water and fillings than for solids; in the other way you pay for nothing but the solid; add the water yourself. Eight gallons of one for 80c.; one pint of the other for a dollar. What a saving! Do you wonder at the number of prominent physicians and hospitals using Tyree's Powder? It is the most economical means at hand of getting the full therapeutic value out of the best known agents in leucorrhea and gonorrhea. It is also the safest and surest means, whether of a simple catarrhal non-infectious or of a gonarrheal, syphilitic infectious nature. One teaspoonful in a pint of water makes a guaranteed anti-bacterial solution. It is anticeptic but not irritant. It is scrupulously made, and its well balanced chemical adjustment has established its ethical popularity.

Sod. bor alumen, ac. corbol, glycerin the crysts. principles of thyme, eucalypus, gaultheria and mentha.

80c. will deliver to you eight ounces. If the results are not satisfactory, I will cheerfully refund the purchase price.

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Columbia Maternity Hospita

WASHINGTOM, D. C.

J. WESLEY BOVEE, M. D., Gynecologist to Columbia and Providence Hospitals, and Clinical Professor of Gynecology in Columbia University, Washington, D. C., says: "The sample of Tyree's Antiseptic Powder sent to Columbia Hospital for Women for my use, has given most excellent satisfaction. In Vaginitis and relaxed vaginal walls as well as some forms of inflamation of the neck of the uterus, I have found it unusually beneficial."

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NEW YORK

The results obtained from your Antiseptic Powder were most satisfactory being used in cases of gonorrhea and leucorrhea, and results obtained were most pleasing relieving the symptoms in both cases. With best wishes.

Very truly,
W. BALDWIN WAYT, M. D.,
Med. Supt.

Western State Hospital of Va.

I have used Tyree's Antiseptic Powder in lucorrhea and vaginitis and it gives me much pleasure to recommend its use in the various forms of lucorrhea and gonorrhea

G. H. WALKER, M. D.
Asst. Physician Female Dept.

PULLED FOR MICROFILMING

CALL NUMBER: WD 700 F390a 1918
AUTHOR: Ferry, Georges
TITLE L'aptitude a l'aviation, le vol e
n hauteur et le mal d
PLACE: Paris,
DATE: 1918
DATE PULLED: 881211

take a pair of bone forceps and cut out a piece before it could be removed.

Dr. H. H. Grant: Some years ago I saw a German woman, seventy years of age who had one of the old fashioned Hodge pessaries in the vagina which had remained there for ten years. The Hodge pessary, as you know, is made of hard rubber, and there had grown over it a firm band so that it was completely embeded in the tissues and it was impossible to get it away without tearing this band in two, by a bone forceps and by a rotary movement slipped out of the band.

Dr. Louis Frank: The cases reported illustrates the fact that we should keep these patients under careful observation for some time. Too many men are prone to introduce pessaries into women and allow them to go away without any further care or instructions. In those cases where pessaries are necessary, the patient should be carefully instructed how to remove them, and after careful douching they should return to the physician to have the pessary re-introduced. This should be done at frequent intervals. Accidents may occur from a pessary in a very short time; we may have ulcerations in the bladder or rectum without any apparent disease in the vagina at the time the pessary was introduced. Cases are not infrequent where pessaries have been the source of considerable trouble.

Dr. L. S. McMurtry: Some years ago I reported to this society a case where a pessary had been introduced in a virginal woman, and where it had ulcerated through into the rectum within three days, evidently due to the amount of tension which the pessary placed upon the posterior wall of the vagina and the recto-vaginal septum.

I have seen a number of instances where pessaries have been accidentally left in the vagina and have remained there for a long time without doing any harm. Doctor Robert's case is a little unique in that the pessary evidently obstructed the urethra.

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*CANCER OF EYE-LIDS TREATED BY X-RAY.

BY W. L. KENNEY, M. D., ST. JOSEPH, MO.

The writer presented the patient and said that although cure was not complete, it might be of equal interest to see an extreme case in process of resolution.

Microscopic sections were also shown and writer stated that the growth had originally been a slow-growing epithelioma, but in later months had assumed the type of acinus carcinoma and grew rapidly, covering both eye-lids out to the farther corners of eye-brows with a cauliflower appearance one-half inch thick, hiding eyes completely. The orbit was involved to a depth posterior to the eyeball, and an extension ran from inner canthus across nose to other side.

Treatments given were of 30 minutes twice a week at a distance of six inches from the platinum target of a "soft" tube. The tubes used had a resistance equal to one-fourth inch spark across prime conductors. The remainder of head was covered with two layers of lead foil.

Improvement was noted in one week, and was marked in one month, when the glands (preauricular and subauricular) had shrunken considerably and the lower eye-lid was entirely healed. Progress then was slow but continuous until the present. Treatment was not pushed with extreme vigor on account of possibly overstimulation of the epithelial elements of the eye, which chanced to be his only good eye. Burns were never more severe than a dermatitis lasting three days. On the neck the skin was much thickened and exfoliated freely. Beard all fell out, but came in again as treatment was more and more closely confined to regions of actual involvment.

If metastasis has not already occurred by the general circulation the prognosis is probably safe.

The apparatus used was first a portable static machine weighing fifty pounds. Later a portable one weighing 200 pounds was used, the last one was made to my order by Dodd & Struthers, of Des Moines, Iowa. He believes radiotheraphy will be used much more in the immediate future.

*Original synopsis of paper read before the Missouri State Medical Society, at St. Joseph, Mo., May 22, 1902.

Many mistakes will be made, and the best reports will come from men who have good fundamental training along scientific lines combined with a willingness to work hard and long on each case and to investigate each feature met with as new fields are explored. He is convinced that certain portions of the invisible spectrum are more active therapeutically than other portions. He feels that this portion includes the slower X-rays waves, and these waves are to be had from soft tubes.

By a soft tube is meant one that offers very little resistance to the passage of the current, and which does not penetrate well enough at one foot from target to show the bones of an arm well. Such a tube will allow the current to pass through it when prime conductors are separated only an inch. I used tubes having a resistance of one-fourth inch only. A harder tube of two inch resistance did not do so well.

Duration of treatments where the eye is not necessarily exposed also, will be about two months.

In this case the healed portions are smooth and pliable, and much better covering is left for the eye than would have been left by surgery.

He expresses the hope that cases promising results by surgery will be so treated, and that X-rays will be used as an auxilliary in all such cases enabling the surgeon to treat inaccessible glands and prevent recurrence *in situ*, or to treat nodules that have appeared in old operation scars. The uses in deep-seated cancers and sarcomas are not yet well determined, but hope can be entertained. 413 German-American Bank Building.—*Virginia Medical Semi-Monthly.*

ABSTRACTS AND EXTRACTS.

IN CHARGE OF E. F. HOWARD, B. S., M. D.

Mosquitos.

The *Medical Record*, May 3rd, gives editorially a review of Dr. Berkeley's "Laboratory Work with Mosquitos." The following items of interest are noted:

Writing of the inoculation of mosquitos with malarial parasites, the author says: "By preference the mosquitos selected for experiment should be bred in the laboratory and should already have digested one meal of sterile blood. They should not be over a week old to insure their surviving the experimental bite as long as possible. If caught in the open, they should be kept long enough for possible previous infections to have disappeared as 'Coccidia' from the stomach-wall."

In warm, summer weather mosquitos will not bite oftener than every two or three days—that is, as soon as the last previous meal has been digested. To make them bite well starvation for a day longer helps. Experiments of any real value should be conducted at a temperature of 80° F. (27° C), or over, and (as Giles has wisely remarked) preferably at that season of the year when the mosquito is normally most active. Large mosquitos, sucking more blood, are more liable to infection than smaller one. Of a number of mosquitos biting a case of malaria at one time, as many as 25 per cent. may fail for some reason to "take." Allowing for deaths and accidents besides, it is usually not worth while to conduct an experiment with less than half a dozen insects to start with—twenty are a good number.

Four or five separate cages of insects should be kept, each cageful to be fed on successive days, so as always to have a certain number of hungry ones on hand. The time of day taken for the bite should, if possible, conform to the feeding habits of the mosquito in question. Anopheles, however, though normally crepuscular in its feeding habits, will bite in the day-time. The soft part of the patient's forearm may be laid along the side of the cage. The insects will usually bite quickly through the wire gauze. Manson says that Anopheles puncture a moistened skin more readily.

The chapter on mosquitos and filaria briefly reviews the result of the investigation of Manson and others on the subject, and concludes by saying: "No human being has been,

so far, experimentally inoculated, but the analogy to malarial disease seems perfect, and there is the strongest probability that the bite of the mosquito thus infected will engraft the filaria into the human system."

With regard to the habits of the yellow-fever-conveying mosquitos the following points are noted: "They bite principally in the late afternoon, though they may be incited to take blood at any hour of the day. They are abundant in Havana from March to September, and, in the opinion of Dr. Agramonte, they are incapable of long flights unless very materially assisted by the wind. The Havana professor, referring to the length of time that infected mosquitos remain dangerous to the non-immune community, says that there is good presumptive evidence that the mosquito may harbor the parasite through the winter and be enabled to transmit in the spring an infection acquired in the fall. He also believes that yellow fever is restricted for its propagation to the genus stegomyia."

The *Philadelphia Medical Journal*, April 19th, has the following editorial:

"The Cannibalistic Habits of Mosquitos.—It is satisfactory to reflect that mosquitoes eat one another. This fact is brought out by a correspondent in the *British Medical Journal*. Mr. K. B. Barnett writes from India, and says that he has observed that the larvæ of the *culex* hatch out in such great numbers that the question is raised: what do they live upon? He quotes Mr. Christy, who says that he has on several occasions watched the older and stronger ones devour the younger and weaker. Mr. Barnett says that these larvæ universally do this. The older and larger devour the younger and smaller ones until none but the bigger ones remains, and he regards this as an example of the Darwinian law of the survival of the strongest. It would be interesting to turn these cannibalistic propensities of the mosquito to our benefit. Why not go hunting after mosquitoes with mosquitoes? Barnett indeed suggests that the larvaæ of the *anopheles* and of the *culex* be pitted against one another. This is not a mere evidence of a Briton's game fighting proclivities, but is a serious proposition on his part. He hopes that the two species might exterminate each other. He says that the larvæ of these two genera do not feed on the same things, one being a vegetable and the other an animal feeder; hence he wants to see what would happen if they were put into the same puddle."

From the *Medical Record*, April 15th, we clip the following item:

"Mosquitos Attracted by Sounds.—Dr. S. M. Lawrence (Port of Spain, Trinidad) writes to the *British Medical*

Journal concerning the fact observed by a correspondent to that paper that certain sounds attract mosquitoes. Dr. Lawrence says that in his childhood days, with others, a favorite amusement at dusk was to attract and kill mosquitoes by these means. His companions and he would vie with each other in hitting off the note that would prove most attractive to these pests, which so far as he can remember was a continuous "oo" pitched in a medium key, and then suddenly changed to a lower "ah," drawn out in the same way. Most vivid—proceeds Dr. Lawrence—is the recollection of the sudden rise in the volume of their noise, and the equally sudden attack on the face as they promptly answered the invitation. We often had recourse to this ruse, not only for amusement, but also to put a stop to their unwelcome attentions."

"Mosquitos and Color.—In Nuttall's experiments it was demonstrated that the mosquito is attracted by some colors and repelled by others. Large stone basins, as breeding places for anopheles were placed on the floor of a large gauze tent, one end of which was formed by large windows into which the sunlight poured on bright days. It was first observed that when a person entered the tent clad in dark gray clothes, the mosquitos settled on the dark cloth, but that they never did this when the person entering was clad in white flannels. A number of boxes lined with cloth of various colors were placed in rows on the floor and it was noticed that the mosquitos would enter the box lined with dark blue in great numbers and in less numbers would enter boxes lined with other colors, in the following order: dark red, brown, scarlet, black, slate gray, olive, green, violet, leaf green, blue, pearl gray, pale green, light blue, ochre, white and orange. No mosquitos were found in the box lined with yellow."—*American Medicine*, Dec. 14, 1901.

The *New Orleans Medical and Surgical Journal* devotes almost the whole of its January issue to an article by Beyer & Pothier on the New Orleans mosquito. Their summary is as follows:

"We have studied the topographical and seasonal distribution of the mosquitos infesting this city and vicinity and have determined that the *anopheles* inhabits the swamps surrounding the city, as well as the outskirts, while *stegomya* and some of the common forms of *culex* prevail in the heart of the city, finding their breeding places in cisterns and gutters." They here call attention to maps of the distribution of these genera and the location of yellow fever cases in 1897. 'While there was more or less striking coincidence between the distribution of *stegomya*, and of yellow fever cases, and while we think this is in a degree significant, we

ought not to lay undue emphasis upon this fact, for reasons which will readily present themselves. The maps are as accurate as the data we have at hand, but it must be remembered that these fever cases were not checked up by blood examinations and we cannot be certain that all cases reported were yellow fever, nor that all yellow fever cases were reported. Moreover, *stegomya* is absent from those sections sparsely inhabited, which show no yellow fever infection, possibly because there were no inhabitants to have the disease."

Of their experimental work with the *bacillus icteroides* (Sanarilli) and mosquitos they say:

"1. We have established to our satisfaction that the bacillus described by Sanarelli as *bacillus icteroides* is a distinct pathogenic organism: 2. We have infected *stegomya fasciata* by allowing them to bite animals infected with *bacillus icteroides* and suffering from a disease corresponding experimentally to yellow fever, as observed in animals (dogs and rabbits). 3. We have recovered in pure culture the *bacillus icteroides* (Sanarelli) from these mosquitos so infected. 4. We have produced in healthy animals the same disease by allowing some to be stung by mosquitos infected from five to eleven days previously, and by inoculating others with cultures made from infected mosquitos. 5. We have recovered the bacilli again from these mosquito-infected animals. 6. We have not, however, been able thus far to stain and locate the bacilli in the tissues of the mosquito when sectioned."

Of the malarial mosquito they speak as follows:

"1. Mosquitos (anopheles) that have bitten malarial patients have been sectioned and the parasites found in these sections.

"2. Epidemiologic considerations lead us to believe that while *anopheles maculipennis* is responsible, for simple tertian and quartan infection, *anopheles crucians* is responsible for æstivo-autumnal disease."

They point out the methods of exterminating mosquitos, abolishing surface drainage, substituting sewerage, etc., and claim credit for the following salient points established by them: "Correction of distribution of *stegomya fasciata* and of yellow fever within limits of the city. Mosquitos may convey bacterial disease by inoculation, the organism experimented with being the one believed to be the cause of yellow fever. Confirmation of the work on malaria by English, German and Italian investigators."

They suggest as leading points for further investigation:

1st. A repetition of their experiments in order to confirm the evidence.

2nd. An investigation of other genera of mosquitos, since it does not follow because *Anopheles and Stegomya* have been convicted that all others are innocent.

3rd. Attention should be paid to the periods of incubation of both malarial and yellow fever in order to determine future quarantine regulations.

4th. The question of mechanical transmission, by means of infected probosis, body, wings or legs, of the *materies morbi* needs further investigation.

5th. Attempts should be made to locate the *bacillus icteroides* (Sanarelli) within the tissues of the infected mosquito.

Cassidy and Bayne in *American Medicine*, May 24, write of the five genera of North American mosquitos, with especial reference to *Anopheles*.

The mosquito family belongs to that order of insects known as *Diptera*, or true flies. They possess but two wings, a second pair being represented by two small projections called poisers. The early stages differ radically from the matured insects, and the true mosquitos are distinguished by the posession of antennae, having whorls or hairs, long and profuse in the males and short and sparse in the females, that have been shown to be organs of hearing. They are two slender processes curving out from the anterior borders of the head, one on each side. From the lower central edge of the head projects a proboscis or beak covered with scales —close to the beak at either side are noted two palpi or feelers.

The five genera of North American mosquitos, Aedes, Anopheles, Culex, Megarrhinus and Psorophora, are by no means complete.

Aedes are the smallest of these *Diptera*. The palpi are less than one half as long as the beak and are shorter than the antennae.—only the female *Culex* has this peculiarity. There are but two varieties.

In *Anopheles* the palpi are as long or longer than the beak, the wings of the majority have dark spots upon many of the veins, Five species lack these spots. To be differentiated especially from the male *Culex*, which has similar palpi, by the wing marks. The ova lie on their sides, close to or touching their fellows, some 30–60 being together. They are elliptic, black with whitish wrinkled membrane clasping their centres. They float on the surface of the water maturing in two or three days (?)

Culex. The female, as above noted, to be distinguished from *Aedes*, the male from *Anopheles*. Giles says that a certain number exhibited wing-markings as distinct and brilliant as the most typical *Anopheles*. The ova are deposited on the water in masses, 200–400 stuck together, and mature in 12–24 hours.

Mississippi Medical Record.

VOL. VI.] JUNE, 1902. [NO. 6.

ORIGINAL CONTRIBUTIONS.

*TREATMENT OF FRACTURES AND DISLOCATIONS IN RELATION SUITS FOR MALPRACTICE.

BY JOHN A. LEWIS, M. D., OF GEORGETOWN, KY.

A suit for malpractice may follow the treatment of any ill to which human flesh is heir, yet the majority fall to the lot of the surgeon, and most of them the result of either real or imaginary deformities which occur in connection with the treatment of fractures and dislocations.

The passenger on the railway train who receives the slightest injury in being transported from one point to another, is sure to institute suit against the railway company so soon as he recovers his breath sufficiently to call a lawyer through a telephone; the employees on the railway, in the mine, in the foundry, in the factory, indeed employed in any capacity whatever, have ever present with them the hope of reimbursement for any injury they may sustain in any of their various pursuits. But above all the doctor, the custodian of life and limb, comes in for a double share of trouble along these lines. He is held to the strictest account of responsibility for sins of omission and commission; if his most delicate and difficult task be not performed to the entire satisfaction of not only the patient and his family, but of the entire neighborhood, he is promptly subjected to a suit for malpractice.

It is a well known fact that the charity patient and the man who (though not an object of charity) never pays or expects to pay a bill for medical services, is the man who

*Abstract from a paper read before the Kentucky State Medical Society, 1902.

more frequently than any other seeks redress at the hands of the law for unsuccessful treatment by the surgeon. This is one of the many ways which the "dead beat" adopts to escape the payment of a medical bill; by bringing suit he hopes to effect either a compromise, or to offset your bill by a *contra* one. It would be well for every physician to remember that the law holds him to the same strict responsibility in the treatment of the charity patient as it does in the treatment of the well-to-do.

In my estimation ingratitude is the basest of all crimes. I know of but three classes of persons who go to their daily vocations unnerved by the hope of reimbursement in case anything should befall them while engaged in their own chosen fields of labor: The first is the aeronaut who performs his hazardous feats in mid-air on his trapeze bar, hanging from the tail of his balloon; the second is the preacher who breaks through the floor of his baptistry nearly drowning himself while making a sledge-hammer argument in his vain endeavor to arouse his sleeping congregation; the third is the noble hearted and generous physician, who nearly or quite meets his death from septicemia resulting from an infected wound received while exploring a foul abscess in a charity patient. No damages for the last individual; the first two are consulting a lawyer who thinks they have a case.

Whenever the surgeon fails in any particular to put up a better job than the original one, they seize upon the flaw, real or imaginary, as a cause for legal action. But there is another cause for suits for malpractice of which I must speak—I do it with the blush of shame on my cheek—it is jealousy between brother physicians who above all others should be true to one another. "Tell it not in Gath, sound it not in Askelon," that one physician should be the instigator of a suit for malpractice against a brother physician. By some of the mutations of time, a case which one physician has treated for fracture, dislocation, or other injury, comes under the observation of a brother physician; by inuendo, or by unfavorable comment upon the result, by some faint praise, he dams his brother. The suggestion has been made, this is all that is necessary, the injured party loses no time in consulting the devil's running mate, a briefless

one-half for the other lawyer; they get up a case with the distinct understanding between lawyer and client that they are to share alike in the *here*, and, (it is to be hoped) in the *hereafter*. A lawyer has been found to prosecute the case against the surgeon, and who would believe it, occasionally a surgeon is found who is willing to be a pliant witness in the hands of the lawyer. We have presented this pitiable picture—a lawyer for the prosecution, a doctor for the prosecution; a lawyer for the defense, and a doctor for the defense. Where is the doctor for the truth? Truly the "ox knoweth his owner, and the ass his master's crib," *Oh tempora, oh mores*, "may my tongue cleave to the roof of my mouth, and my right hand forget its cunning," in the hour when I shall appear as anybody's witness save the truth's.

Do not understand me that there are no just suits for malpractice against physicians or surgeons—far from it; criminal ignorance, neglect, unfaithfulness, in consequence of which the usefulness or happiness and comfort of a human being is destroyed, should not go unpunished. Neither would I have you believe that the majority of our patients are not only ready but anxious to find some flaw in the treatment of their cases which would justify them in bringing suit for damages. On the contrary I gladly and cheerfully bear testimony to the generosity, the nobility and appreciativeness of the majority of those who call upon our profession for treatment for their many ills. But without question there are those, and they are not a few, who are glad of an opportunity to hold the physician responsible for some real or imaginary defect in treatment. They seem entirely oblivious to the difficulties confronting the surgeon, and do not recognize the fact that failure is not impossible even in uncomplicated cases. They ought to be made to understand how serious, how difficult and delicate a matter it is to treat even a simple fracture or dislocation, and how much more difficult to treat a serious and complicated one; how hard to make out the exact anatomical relation and position in a bruised, swollen and distorted limb, whether the injury is a dislocation or a fracture, or both; how difficult to return accurately to its normal position after the injury has been adjusted. The wonder is, when we contemplate the difficult surroundings, that failure does not occur oftener than it

does. There are cases of simple fracture (notably oblique ones of some of the long ones) in which failure may follow treatment although the surgeon may have done everything which skill and faithful attention dictates; he may have recognized perfectly the form of injury; may have reduced and perfectly adjusted the fragments; skillfully supported the limb by properly applied splints; carefully and faithfully watched the injury through the entire course, and yet when the dressings are removed, he may find the result is not what it ought to have been, and not what he expected. And yet the surgeon should not be held responsible for the failure, unless a man should be held responsible for an impossibility. It is a well established fact that fractures of bones have occurred from muscular contraction alone; the patient must be moved for purposes of cleanliness, and nature, and any movement may excite muscular contraction, may displace oblique fractures, after they have been perfectly reduced and splinted.

One other matter I will mention which the patient and his family should remember in making up their estimate of the surgeon's responsibility in treatment of these cases: The surgeon is not in the case of his own bidding; he has been selected by the patient of his family for his already known ability, or after inquiry and investigation. Those employing him know his calibre, whether he has any special ability or adaptation in treatment of these injuries or not; they had at their beck and call every surgeon from New York to San Francisco—why did they not secure the very best surgical talent in the land, rather than that which they employed. It is simply a matter of money and convenience. They take the risk, failure follows, who is to blame, certainly not the surgeon, unless gross neglect or carelessness can be proved. The truth is, the patient himself assumed the risk, failure followed, and he should blame no one but himself. The patient and the family should be made to feel in the employment of a surgeon they do so voluntarily with their eyes open, and must assume the risk.

In consideration of the many difficulties which environ the surgeon in his difficult and responsible task, that of treating fractures and dislocations, and the possibility of a suit for malpractice in consequence of unsuccessful results, what shall we do? And how shall we proceed to protect

ourselves? In the first place no man who has not some special skill and training in this direction should ever undertake the treatment and care of this class of cases. If, however you undertake to treat these injuries, then make up your mind to give those who fall into your hands your skillful and painstaking constant attention from start to finish.

The time to make a complete and thorough examination of your patient is upon your first visit, at the time of the accident, when you will find the patient willing and anxious to take an anesthetic while under examination; in a few days it may not be so. The muscles are more relaxed, there is less effusion, less induration, less fixedness, at the time of the injury than ever again. After you have examined the patient and made your diagnosis, it is important that you be perfectly frank and free with the family, tell them the exact nature of the injury and just what they may expect; do not be over-confident of results, guard your prognosis well. If possible have some honest practitioner, or better still, some intelligent and respectable layman present, to hear your statement when made, and be sure you state the facts so plainly and so strongly as to impress the situation upon their minds. If you are uncertain about the form of injury, or about the proper method of treatment, call at once for a consulting physician, and tell the family you are unwilling to assume the entire responsibility. In selecting your methods of treatment use only the approved, make no experiments, the courts have held that a physician is liable for damages in case injury comes to the patient from use of some new and untried method, although the object and effort was to do good.

Fracture of the lower extremity of the radius (Colles fracture) is the form most frequently followed by imperfect results, and consequently the most likely to bring trouble. Next to the wrist perhaps injuries at the elbow are most likely to give trouble; mistake in diagnosis and treatment may result in imperfect and unsatisfactory results. In shoulder injuries we must again be very careful to make a clear diagnosis—fracture and dislocation must be differentiated. Injuries at the hip are always serious, and sometimes obscure. Serious oversights and mistakes are readily made in this region.

This paper would be incomplete if I did not mention the use of the x-ray in the diagnosis of obscure injuries. It is certainly the most important advance of the age along this line. We should never fail to avail ourselves of its aid in diagnosis in all obscure injuries whenever practicable; but suits for malpractice have followed its use, parties claiming to have been injured by the too long or too powerful exposure to the ray.

Since any one of us is liable at any time to be confronted by a suit for malpractice, the question what shall be done to avoid trouble becomes a vital one. Many physicians and surgeons advise making yourself law proof by putting all property out of your hands. No man who resorts to this can maintain his financial standing in any community. Another class advise taking out an indemnity policy in some insurance company, you paying an annual premium, the company agreeing to defend you to a certain amount in any damage suit which may arise during the existence of the policy. Just how efficiently and how faithfully they might defend the suit I am unable to say. Whether you resort to any of these expedients or not, I am sure you will find the following summary helpful:

(1). Do not undertake to practice surgery unless you have some training and skill in that direction.

(2). If you undertake it, leave nothing undone to secure success, from the day of your first visit to your last, when you remove the dressing.

(3). Never warrant results, let it be clearly understood that failure is not impossible even in uncomplicated cases after the most faithful and skillful treatment.

(4). Make your first examination just as carefully and thoroughly as possible under the circumstances; make a plain and truthful statement as to result of your examination, of trying nature of injury, etc., to the family, guarding your prognosis well; make this statement if possible in the presence of some honest physician or better still some intelligent layman.

(5). Let the patient and his family feel that in calling you it is presupposed that they know your ability in work of this line, if they are unwilling to assume the risk of the final results, then they ought to call someone else.

(5). After your first examination, if you are in doubt as to the diagnosis, or as to the plan of treatment, call a consulting physician at once.

(7). In the treatment of charity patients and dead beats be especially on guard to protect yourself.

(8). Remember the law holds you to the same accountability in the treatment of a charity patient as in the treatment of the rich.

(9). Use only approved methods of treatment, leave the experimental treatment to the hospitals.

(10). Treat your brother physician exactly as you would have him treat you; never by word, or act, or look, lend countenance to the suggestion of a damage suit, it matters not whether the physician may be your personal friend or not. Express no opinion as to an unsuccessful result in any case treated by another physician unless he be present.

(11). If in spite of your best efforts to avoid a suit, one comes, never compromise or pay hush money,—fight it to the death. Every physician should always stand ready to go to the assistance of his brother physician, with his time and money if necessary, in defending one of these suits for malpractice.

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*VESICAL CALCULUS: GALL STONES: RETAINED PESSARY.

BY W. O. ROBERTS, M. D., LOUISVILLE, KENTUCKY.

This specimen is a calculus from the bladder of a patient that was referred to me by Doctor Windell, a boy seventeen years of age who had been troubled with bladder symptoms for ten years. Doctor Windell discovered the stone in the bladder, and the operation for its removal was performed last month. The peculiar appearance of the outside of the stone led me to have a section made of it, and it shows a very beautiful condition of things: The original stone was a small mulberry calculus, and the phosphatic deposits around it can be plainly seen.

I did a lateral perineal operation, and the boy was in bed but a few days.

* Reported to the Louisville Medico-Chirurgical Society.

Case 2. These specimens are some gall stones which I removed from a patient referred to me by Doctor Bindewald, a woman thirty-five years of age who had never had a colic and who had never had jaundice. She called the doctor to see her because of some tenderness in the right side of the abdomen, and he discovered a tumor in the lumbar region. She then had a temperature of 100°F. I saw her with him and diagnosed an enlarged gall bladder. She was operated upon in the usual manner, and sixty-four stones removed from the gall bladder.

Case 3. The third specimen is somewhat interesting. A few weeks ago a lady sixty-nine years of age was brought to me from a neighboring town with a fracture of the lower third of the left femur and after she had been put to bed we found that she had incontinence of urine. She wet the bed constantly. I had the nurse draw her water and found that her bladder contained about twenty ounces of urine. The bladder was emptied by means of the catheter at regular intervals, still there would be dribbling of urine between times. Her urine was very offensive, and upon examination it was found to contain blood and pus. There was also some discharge from the vagina.

In the course of conversation she told me that in 1885 she was treated for some displacement of the uterus by a prominent gynecologist here, and that he had introduced a pessary, and that the pessary had never been removed. I thought she must be mistaken.

I made an examination, however, and found the pessary and it was with considerable difficulty removed, under cloroform. As you will observe it is well coated with phosphates. Since removal of the pessary, which had remained in the vagina for sixteen years, the bladder symptoms have greatly improved.

Discussion.

Dr. B. C. Frazier: I remember some time ago Doctor Vance was called to see an old German woman who was having considerable trouble with her genito-urinary apparatus, and upon examination he found a pessary in the vagina which had been there for seven or eight years. The tissues had so grown around the pessary that it was necessary to

Megarrhinus, of which little or nothing is known, is distinguished by a strongly curved beak.

Psorophora possesses, as a characteristic mark, scaly legs. Both these last are larger than *Anopheles*.

In the United States but three species of Anopheles are found: *A. quadrimaculatus*, *A. punctipennis*, *A. crucians*. The first has wings nearly clear but marked with four insignificant dark spots, its palpi are wholly black. *A. punctipennis* has a yellowish-white spot about three-quarters of the length of the front margin of the wings, which are also tipped with yellow. *A. crucians* has palpi marked with white at the bases of the four last joints.

Result of Dr. Doty's Mosquito Campaign.—Dr. Doty has issued a report on his experiments in mosquito destruction at Concord, Staten Island. After referring to experiments in various parts of the world which proved that the malarial parasite was transmitted from one person to another by the female of the *Anopheles* species of the mosquito, the Health Officer of the Port says that he found at least 30 per cent. of the inhabitants of Concord suffering from either acute or chronic malaria. "In almost every house or yard were found typical breeding places for mosquitos," he writes, "either in the shape of used or unused rain-barrels, cisterns, cesspools, or abandoned receptacles thrown about the premises. Samples of water from these, as well as all stagnant pools, were examined, and the larvae found. In some instances, particularly in receptacles about the house, the water was actually alive with them." Of twenty-seven mosquitos taken from a bed-room, more than one-half were malarial insects. The stagnant pools in the Concord district and the weeds surrounding them were treated with oil and relief was felt by the inhabitants. Dr. Doty concludes that the use of petroleum as advised by experts bears out the claims made by them.—*Medical News*, August 17, 1901.

The International Sanitary Congress.—In session in the city of Havana, February 15 to February 20, 1902, passed the following resolutions:

2. The international Sanitary Congress resolves that the mosquito, *Stegomyia fasciata*, is the only means, so far demonstrated, as the transmitter of yellow fever.

In accord with the above resolution, prophylactic measures should be directed to the destruction of said mosquito as far as possible, and the best means should be adopted to prevent the access of these mosquitos to persons ill of yellow fever.

4. To recommend that all countries where malaria exists initiate a campaign of publicity relative to the dis-

coveries recently made as to the transmission of the disease. That in clear and simple style, and with drawings showing the genera of mosquito capable of conveying the disease, pamphlets be profusely spread among seamen arriving at malarial ports. And to diffuse the same information among school children, looking to the possible extermination of the disease."—*Sanitarian*, May.

THERAPEUTICS.

Eucalyptus Against Mosquito Larvae.—Efficient prophylatic antimalarial measures require the destruction of mosquito larvae. After trying numerious antiseptics, petroleum oil was found to be the only agent that could be relied on for the destruction of the larvae. Dr. W. R. Battye, experimenting with kerosene oil, found it not altogether so efficient, and decided to try eucalyptus oil. The effect was instantaneous in killing the larvae as well as the mosquito. Of course, the high price of eucalyptus oil will prevent it from superseding kerosene on a large scale, although much smaller quantities of the former are required, and it seems to be more rapid and more deadly in its action.—*Merck's Archives.*

To Keep Off Mosquitoes.—One drachm of oil of citronella to one ounce of alcohol has been recommended as being quite efficient for keeping off mosquitos. This mixture is shaken and applied to exposed parts every hour or two.—*Charlotte Med. Journal.*

For Destruction of Mosquitos.—The same method is suggested as prevails among the French vine growers in the region of Beanjolais for destroying the delta moth *Pyralis*, which works havoc in the vineyards. The owners of the vineyards have stationed acetylene lamps placed over bowls of petroleum around their areas. At dusk the lamps are lit and the thousands of insects attracted perish in the exposed flame or in the petroleum. In two lamps 50 yards apart in the course of 18 nights 170,000 of these moths were killed.—*American Medicine.*

EDITORIAL.

H. H. HARALSON, M. D., EDITOR.

VICKSBURG, - - - MISSISSIPPI.

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EXAMINATION OF APPLICANTS TO PRACTICE MEDICINE IN MISSISSIPPI.

At the last examination of applicants to practice medicine in this state one hundred and fifty-three persons presented themselves for examination. Of this number seventy-seven passed and seventy-six failed. Of the seventy-six who failed, forty-one were from the Memphis Hospital Medical College. Of the forty-one from this college failing, twenty-one were graduates. Tulane had fourteen applicants before the Board. Of this number three failed. Not one of those failing were graduates.

The following figures are of interest to the profession and we publish them without comment:

Memphis Hospital Medical College:—	
Passed	37
Failed	41
Total	78
Tulane:—	
Passed	11
Failed	3
Total	14
Louisville Medical College:—	
Passed	7
Failed	4
Total	11
Atlanta College of Physicians and Surgeons:—	
Passed	6
Failed	4
Total	10

University of Nashville:—

Passed	3
Failed	5
Total	8

Vanderbilt:—

Passed	3
Failed	3
Total	6

Meharry (Colored):—

Passed	1
Failed	4
Total	5

University of the South:—

Passed	1
Failed	3
Total	4

University of Virginia:—

Passed	1
Failed	0
Total	1

University of Pennsylvania:—

Passed	1
Failed	0
Total	1

Chattanooga Medical College:—

Passed	1
Failed	0
Total	1

University of Tennessee:—

Passed	0
Failed	1
Total	1

Kentucky School of Medicine:—

Passed	1
Failed	0
Total	1

University of Kentucky:—	
Passed	2
Failed	0
Total	2
University of Louisville:—	
Passed	1
Failed	1
Total	2
Mobile Medical College:—	
Passed	1
Failed	1
Total	2
Barnes Medical College, St. Louis:—	
Passed	0
Failed	1
Total	1
University of Georgia:—	
Passed	0
Failed	1
Total	1
National Medical University, Chicago:—	
Passed	0
Failed	1
Total	1
University of Illinois:—	
Passed	0
Failed	1
Total	1
Augusta Medical College:—	
Passed	0
Failed	1
Total	1

Without any reference to the above figures, but from my personal observation as a member of the Examining Board of Mississippi for the past ten or twelve years, I know the trouble with some medical colleges is their failure to establish and enforce educational requirements for admission.

A great number of young men are still annually admitted to some medical colleges who can not learn medicine, who can never pass the Mississippi Examining Board upon a written examination. Colleges do wrong in admitting such young men as students unless they are prepared and will first fit them for the study of medicine. What would be thought of a university admitting a student to its senior class direct from the primary department of a high school? These are parallel cases. No man can learn medicine who can not comprehend the meaning of words and terms, any more than a man can learn higher mathematics who is ignorant of the elementary principles of that science. State boards can not maintain an advanced standard as long as such men are dumped on them by medical colleges. I do not believe that medical colleges should yet require university or literary college degrees for admittance but I do think they should be required to know something of orthography, of the English language, of physics, of mathematics. The Mississippi Board frequently has young men before it who can not spell the simplest English words, who do not understand the meaning of the commonest terms, who could not write a correct English sentence if their lives depended upon it. If the college authorities from which these men come could only see their papers it would cause them to blush with very shame. Will the medical colleges not establish as high a standard for admission as is consistent with justice and then admit no one who does not measure up to it? Of course there are a few exceptions but as a rule those who fail before the Mississippi Board after graduation show such defects in preliminary education that nothing but failure could be reasonably expected. The medical colleges can and should correct this defect in medical education.

THE NATIONAL EXAMINING BOARD.

Our "esteemed contemporaries" are devoting much space to the discussion of interstate reciprocity and the proposed National Examining Board. We think that they are making a great deal of commotion over a very small matter.

The *New York Medical Journal*, May 17th, says that as an official board is out of the question under the Constitu-

tion of the United States, and as the proposed board must have authority let there be a non-official board composed of the three Surgeons-general, two representatives of the American Medical Association and one representative of the American Congress of Physicians and Surgeons. "Then let every State Medical Examining Board pass a resolution to the effect that it will accept the National Board's certificate without question."

It is possible that the *Journal* does not see how weak this proposition is. How can a non-official board exercise *authority* over official boards? By what right would it assume to enforce this authority? By resolutions of the State boards? Will "every state medical examining board" pass such a resolution, and if it does what assurance have we that this resolution will not some day be revoked? Political enmity, personal spite or prejudice, the imaginary sense of individual favoritism, all these things exist in the medical profession no matter how much we may argue that physicians should be above such feelings. And again, not all state boards can adopt such resolutions.—Mississippi's cannot, the law that creates it does not give it such privilege. No use to say "so much the worse for Mississippi"—we are up against facts, and facts that we cannot over-ride. As to the personel of the proposed National Board. Who is to say what men shall compose it? In order to give it the slightest vestige of authority it would have to be chosen by a *unanimous* vote of the state boards. The idea of giving the Surgeons-general seats *ex officio* would never do. It is no reflection on Drs. Sternberg, Wyman and Rixey to say that a Surgeon-general is not necessarily qualified to sit on a National Examining board. And as for electing two other members by two medical organizations in which it might happen that not a member of a single state board could vote—and giving them *authority* over state boards—the great American eagle would hold up its wings in horror!

Is a National Board necessary? With due respect to the advocates of such a measure we do not think it is. In the first place we doubt if a really worthy, capable man ever finds much difficulty in settling in whatever state he may choose. The state board exists not for the purpose of excluding such men but to protect the laity against the inroads

of quackery, and if once in a while a capable physician suffers hardship on account of its requirements he must remember that "the greatest good for the greatest number" must be the universal law.

We have been closely cognizant of the workings of the Mississippi Board for twelve years and can say, to the best of our knowledge and belief, that the complaints and tales of woe come solely from the products of diploma mills or from men who know medicine only as it was taught twenty years ago.

"Jouranlistic Courtesy" is the title of an editorial, in the *International Medical Magazine*, May, that for pure unadulterated conceit surpasses even the osteopath and the Christian Scientist. After a very justifiable protest against the conduct of the *Peoria* (Ill.) *Medical Journal* in copying an article from the *International* without acknowledging its source, the editor of the *Charlotte Medical Journal*, who had abstracted the aforesaid article from the *Peoria Journal*, is informed that "the place to find really original articles by writers of distinction, on both sides of the Atlantic, is in the *International*." We tender our profound sympathy to the *International* and trust that it will soon recover from its severe attack of egotism.

BOOK REVIEWS.

The Diagnosis of Surgical Diseases. By Dr. E. Albert, late Director and Professor of the First Surgical Clinic at the University of Vienna. Authorized Translation from the Eighth Enlarged and Revised Edition by Robert T. Frank, A. M., M. D., with fifty-three illustrations. New York, D. Appleton & Co., 1902.

This volume is intended by the author to present to the practitioner and to the student the problems in diagnosis which confront them at the bedside. Theoretical classifications are avoided and instead diseases are grouped according to similarity of symptoms and points of general resemblance.

In the first chapter the causes of abnormal positions of the head are discussed. Many points of interest to the physician and surgeon are discussed in this chapter,—atrophy of the muscles of the neck, dislocation of the atlas, luxation cap-

itas, dislocation occurring between the other cervical vertabræ, fractures ot the cervical vertabræ, rheumatism, etc., etc. This chapter alone is worth more than the price of the book.

The book is well illustrated, containing in all fifty-three illustrations. Those illustrating fractures and dislocations of the bones of the hand and arm are especially interesting.

Many cases are reported and whenever feasible are followed to the operating table, and at times to autopsy either to confirm or correct diagnosis.

We now have numerous works on medical diagnosis accessible to the American reader, but works on surgical diagnosis are comparatively rare. To fill this gap has been the purpose of the translator of Albert's book. He has accomplished his purpose, and the publishers are to be congratulated upon the workmanship involved in its production.

The International Medical Annual. A Year Book of Treatments and Practitioner's Index. Thirty-eight contributors. Men Eminent in the Medical Profession in Europe and America. 1902, Twentieth Year, New York: E. B. Treat & Co., 241-243 West 23d Street. Chicago: 199 Clark Street. Price $3.00.

It has now been twenty years since the publishers first presented the Medical Annual as a help to the medical fraternity in their daily work. At that time it was a mere hand book of possibly less than 300 pages, it is now a handsome volume of nearly 700 pages.

Surely the Medical Annual renders it possible for all practitioners to keep themselves abreast with the times. This volume contains a therapeutic review, dictionary of materia medica and therapeutics, toxins and antitoxins, dictionary of medicine and surgery, arsenical poisoning, aseptic surgery in New York, clinical examination of the blood, diseases of the ear, colony treatment of epilepsy, disorders of metabolism, formic aldehyde in the treatment of phthisis, high frequency currents in phthisis, lateral curvature of spine, vision; errors of refraction and accommodation, x-rays, sanitary science and a list of books of the year, There is a list of the principal medical works published during the past year—chiefly Americans and shows 168 such works. The volume also contains twenty-five illutrations by plates, fourteen charts of fever and sixty-five diagrams.

No effort has been spared by the publishers to make the book acceptable to the profession and they declare they will not depart from their settled policy of giving due representation to conflicting views, with the same impartiality which has characterized their conduct of the work during the past twenty years.

Manual of Childbed Nursing with Notes on Infant Feeding. By Charles Jewett, A. M., M. D., Sc. D., Professor of Obsterics and Diseases of Women in the Long Island College Hospital. Fifth Edition. Revised and Enlarged. New York: E. B. Treat & Company, 241-243 West 23d Street, 1902.

While this manual was originally prepared for the training school for nurses at the Long Island College Hospital it was subsequently re-written and adapted to general use. In the fifth edition the entire contents have been revised and much new matter has been added. This book should not only be of interest and service to professional nurses but also to mothers. He briefly treats of pregnancy, Labor, Duties of Nurse During Labor, Puerperal Period, Care of the Mother, Prevention of Childbed Infection, The Child, Care of the Child, Artificial Feeding, and the Management of Birth in Absence of Physician. That the book may be of more service to nurses and mothers a glossary is added.

Transactions of the Southern Surgical and Gynecological Association. Volume XIV, Fourteenth Session, held at Richmond, Va., November 12, 13 and 14, 1901; President W. B. Davis, M. D., Birmingham, Ala.; Vice-Presidents, J. Wesley Bovee, M. D., Washington, D. C., and J. W. Long, M. D., Salisbury, N. C.; Secretary, W. D. Haggard, M. D., Nashville, Tenn.; Treasurer, Floyd W. McRae, M. D., Atlanta, Ga. Published by the Association, 1902.

This is a handsome cloth-bound volume of four hundred and thirty-four pages. It contains many valuable contributions by leading gynecologists and surgeons of the United States. Among the contributors we mention the names of Joseph Price, M. D., "Vaginal Puncture or Incisions for Puriform Disease or Exploratory Purposes are Unsurgical Procedures." George H. Noble, M. D., "Removal of Fibroid Tumors Through the Vagina by Continued Spiral Incision," and another article by the same distinguished surgeon is contributed on "Puncture Scissors and Counter-pressure Instrument," and still another on the "Use of Adhesive Straps for the Prevention of Laceration of the Perineum in Forceps Delivery." W. E. B. Davis, M. D., "Report of a Case of Hepatotomy for Biliary Obstruction, with Remarks." Interesting articles are also contributed by F. W. Parham, M. D.; John B. Deaver, M. D.; Hermann B. Gessner, M. D.; A. M. Cartledge, M. D., and John D. Murphy, M. D. The book also contains many valuable illustrations.

International Clinics. A Quarterly of Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M.D., Chicago; Alexander D. Blackader, M.D., Montreal; H. C. Wood, M.D. Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh, and John Harold, M.D., London, with Regular Correspondents in Montreal, London, Paris, Leipsic and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, $2.00. Volume I, 12 series. Eighty-four illustrations—three colored plates.

The first volume and twelfth series of the International Clinics, if possible, surpasses any previous issue of this well-known work. This volume is of special interest to the southern physician. "Progress of Medicine" during the year 1901, beginning on page 198, contains the latest advances in medicine in a compact form. Here we find a full and fair presentation of the questions of malaria and yellow fever with especial reference to the modes of conveyance of these diseases. The author thinks that the attitude of the men of the future towards insect life will be distinctly different from that of men in the past. Speaking of yellow fever he says, the year 1901 is remarkable in the medical world for the clearing up of a problem, the solution of which has heretofore baffled the best efforts of physicians and sanitarians. The author mentions Finlay as suggesting the mosquito origin of yellow fever, but he says, which is true, that the signal honor of conclusively demonstrating its propagation by mosquitos has been reserved for a commission of the Medical Department of the United States Army, composed of Reed, Carroll and Agramonte. He does not mention Lazear who was also a member of the commission and who sacrificed his life in the line of duty. There are two other points that should not pass unobserved in this review. The book contains a perfect wealth of illustrations. The articles are especially prepared for the Clinics and are not reprints or extracts from any journal or journals.

MEDICAL NEWS AND MISCELLANY.

THE Mississippi Medical and Surgical Association met in this city May 23 and 24. The meeting was well attended.

Officers for the ensuing year, C. Henri Woode, M. D., Vicksburg, President; E. W. Moore, M. D., Columbus, Secretary; S. A. Miller, M. D., Canton, Treasurer.

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FOR FURTHER INFORMATION, WRITE TO

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Extract from "Remedial measures indicated in affections attended with Pain" by G. S. Trotter, M. D.

In Papine advanced pharmacy has given us a perfect opium preparation. It possesses the anodyne virtues of opium and not the constipating and untoward actions. Papine may be briefly defined as the only opiate which is free from the evil effects which I have just named. It is very prompt, in this respect excelling any other opiate, and it never produces nausea, constipation and the usual woes that go hand in hand with the old time opiates. Papine is, therefore, the remedy which is indicated in all forms of inflammatory pain. It is given in doses of one teaspoonful every one, two, or three hours, until its anodyne action is attained. In giving papine, we can bear in mind that a teaspoonful represents the strength of one-eight of a grain of morphine. Having this fact in mind, the dosage which is appropriate in any case will at once suggest itself.—*New Albany Medical Record.*

SOLD WRONG MEDICINE; FINED $50.

Drug Store Manager Suffers for Giving Substitute to Customer.

In Special Sessions on last Thursday before Justices Wyatt, McKean and Hinsdale, Clarence D. Bowman, a director of the Lewis A. Bates Company and the manager of their drug store in No. 739 Sixth avenue, pleaded guilty to having violated section No. 364 of the Penal Code in using another preparation in place of essence of pepsin manufactured by Fairchild Brothers & Foster in filling prescriptions calling for the latter preparation. He was fined $50.

It appeared on several occasions when physicians had prescribed Fairchild's pepsin Bowman, had delivered the imitation mixture. Bowman said he was sorry for what he had done, but had no excuse to offer. In imposing sentence Justice Wyatt said that the offense was a most serious one, and that a heavier penalty would have been imposed had not the injured firm recommended leniency by reason of its being the defendant's first conviction.—*The New York Press*, May 24, 1902.

Sanmetto in Urinary Troubles in Old Men and Children.

So far as my experience has been with Sanmetto, in urinary troubles, it is one of the very best remedies we have at present. I recommend Sanmetto in urinary troubles in old men; also for children when subjects of that troublesome complaint, wetting in bed. I have practiced medicine over forty-five years.

SEDGWICK, KANS. A. D. H. KEMPER, M. D.

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ECONOMY belongs to every doctor's armamentarium. Antiseptics are a part of the physical economy. Sixteen ounces of fluid containing about 90 grains of *inexpensive solids* cost you one dollar. Eight ounces of Tyree's Antiseptic Powder make *eight gallons* of Standard Antiseptic Solution and cost you 80c. One is watered; the other is plain stock; one costs $1.00; the other 80c. Ninety grains in one; eight ounces in the other. In one you pay more for water and fillings than for solids; in the other way you pay for nothing but the solids; add the water yourself. *Eight gallons* of one for 80c.; one pint of the other for a dollar. What a saving! Do you wonder at the number of prominent physicians and hospitals using Tyree's Powder? It is the most economical means at hand of getting the full therapeutic value out of the best known agents in leucorrhea and gonorrhea. It is also the safest and surest means, whether of a simple, catarrhal, non-infectious or of a gonorrheal, syphilitic infectious nature. One teaspoonful in a pint of water makes a guaranteed anti-bacterial solution. It is antiseptic but not irritant. It is scrupulously made, and its well balanced chemical adjustment has established its ethical popularity.

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The results obtained from your "Antiseptic Powder" were most satisfactory, being used in cases of Gonorrhea and Leucorrhea, and results obtained were most pleasing, relieving the symptoms in both cases. With best wishes, very truly.

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Med. Supt.

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I have used Tyree's Antiseptic Powder in Leucorrhea and Vaginitis, and it gives me much pleasure to recommend its use in the various forms of Leucorrhea and Gonorrhea.

G. H. WALKER, M. D.,
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The thirty-seventh annual course of instruction will begin October 7, 1902, and continue six calendar months. The course of study is strictly graded, embracing four terms of six months each, in four separate years. It includes a Department of Pharmacy, didactic and clinical lectures and demonstrations, supplemented by recitations and quizzes conducted by professors and special instructors and practical laboratory work in Chemistry, Pharmacy, Anatomy, Microscopy, Physiology, Histology, Pathology, Bacteriology and Operative Surgery.

The college building is large and commodious, and admirably adapted to the purposes of medical instruction. The several laboratories are admirably well appointed and equipped with the latest modern appliance, and afford ample and convenient facilities for the practical work exacted of students in the several departments to which they are devoted.

The rooms for Practical Anatomy are large, well lighted and ventilated, and the supply of material abundant. The medical and surgical clinics are held daily at the City Hospital and College Dispensary, where abundant clinical material is offered in every department of medicine and surgery.

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Gastralgia—Its Treatment.

Gastralgia is, for therapeutical purposes, divided into two groups by Professor Saundby (N. Y. *Medical Journal*). The first group comprises those cases in which pain occurs independently of eating, and the second group, those cases in which the pain occurs after food is taken. The treatment of the first class consists of change of scene, a sea voyage or mountain air and abundant food at regular intervals. The palliative treatment consists of iron, quinine, arsenic, nux vomica and the mineral acids.

For the second class, the treatment is, rest in bed, milk and lime water in sufficient quantities—say an ounce every hour. A nutrient enema of one egg, beaten up in four ounces of milk, to be given every four hours. The amount of milk should be increased with improvement, and if milk fails, from two to four ounces of lightly cooked minced meat may be substituted.

For the relief of the pain in both cases, Saundby gives morphia or heroin, but in a recent clinical report Professor Boone, College of Physicians & Surgeons, St. Louis, states that he finds one Antikamnia and Heroin Tablet (5 grains Antikamnia; 1-12th grain Heroin Hydrochloride) given as required, not only relieves the pain, but prevents its recurrence, much more satisfactorily than either heroin or morphine alone. In other respects he concurs with Professor Saundby in his method of treatment.

Treatment of Typhoid Fever.

Lieut-Col. G. Sterling Ryerson, M. D., of Toronto, later British and Red Cross Commissioner in South Africa, at a recent meeting of the Toronto Clinical Society ("Canada Lancet") reported that the treatment of typhoid fever was practically the treatment which is adopted in Toronto and everywhere else. Disinfection of the bowels either by means of listerine or boric acid, taken internally, or enemata, proved in many cases to be remarkably successful. Another form of treatment was that of starvation. They were starved for seven or eight days. He considered that in some cases it might be dangerous, because a number of men were exhausted when brought in. The medical officer in charge of these cases, and under whose supervision this plan of treatment was carried out, informed Dr. Ryerson that he had fewer deaths than in any other hospital in Bloemfontein. Dysentery: this was another very prevalent disease, and you hear of a great many men affected with this disease when they merely had ordinary diarrhœa. Dr. Ryerson said that during his service as surgeon with the troops engaged in the suppression of the North-West Rebellion in 1885, he had obseved the good effect of several drachm doses of listerine in treating camp diarrhœa and dysentery, caused by drinking the alkali water of the plains.—*Sanitarian, Nov.* 1992.

This Concerns you, Doctor,

Just as much as your patient. Your ability to understand what medication your patient needs is an important part of your professional duty; but another and no less important, part of that duty is to know which is the best preparation of that medicament to prescribe. "Beef, Iron, Cinchona and Brandy, in combination, are of inestimable value in wasting and exhaustive diseases."

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Sanmetto in Enuresis, Catarrhal Trouble and Atonic Conditions of the Genito-Urinary Organs.

This is to certify that I have used Sanmetto for the past eight years, and I can truthfully say that it has come to my aid in my practice, in such cases that I deemed was necessary, such as enuresis, catarrhal trouble and atonic conditions of the genito-urinary organs. In every case where I have used it faithfully it has proved to be all claimed for it—a potential remedy. I have taken it myself. As I am over seventy years of age it has come to my rescue, and the relief is phenomenal. I have practicad medicine over thirty years here in Cincinnati.

CINCINNATI, O. WESLEY H. WATSON, M. D.,

New York, May 24, 1902.

Dear Sir: The undersigned have been appointed by the Board of Managers of the Society of American Authors to solicit subscriptions for the erection of a suitable monument over the grave of Dr. Thomas Dunn English, editor, lawyer, soldier, physician statesman, author and long-honored Vice-President of the Society of American Authors.

Gifts for the tribute to the illustrious author of "Ben Bolt" will be welcome in any amount, large or small. The receipts will determine the character and statliness of the monument. Names of the donors will be imperishably preserved on brass sheets in the monument. If, after completion of the work, there should be any surplus funds, they will be turned over to the family of Dr. English.

Checks or money orders should be drawn in favor of Morris P. Ferris, Treasurer, and should be addressed: "Thomas Dunn English Memorial Society of American Authors, 32 Broadway, New York."

An itemized report of the receipt and distribution of all funds received by the Committee will be mailed to all contributors.

MORRIS P. FERRIS.
EDWARD O. FLAGG.
G. GROSVENOR DAWE.

I beg to call the attention of the readers of the *Record* to the above letter. The wide spread appreciation and esteem of the people of the United States for the author of "Ben Bolt" make most appropriate an appeal to the entire country for contributions for the purpose of properly marking his grave.

An Efficient Preparation: Tyree's Compound Antisceptic Powder.

Since the discovery of the influence of the micro-organisms in producing suppuration and infectious disease, the treatment of such disorders has been much more successful and based upon more intelligible principles. If we are able to destroy or even to neutralize the activity of the parasitic germs of disease. Nature will embrace the opportunity of restoring affected parts to a normal condition. The composition of Tyree's antiseptic powder clearly indicates its usefulness. From the published formula we learn that it contains large proportions of borax and alum associated with smaller quantities of carbolic acid, glycerin, the crystaline principles of thyme, eucalyptus, gaultheria, and mint. This is a happy union, indeed, and one which explains the beneficial results which have been found to follow its employment. It has been used with complete satisfaction by careful practitioners. It checks morbid secretion as well as arrests suppuration, and this combination of properties has rendered it singularly efficacious in a class of affections which entail much mental and physical distress. Abundant discharges from the female genitalia are a common consequence of many deviations from health. In both leucorrhœa and vaginitis, whether of simple or

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A Practical Exposition of the Methods, other than Drug-Giving, useful in the Treatment of the Sick and in the Prevention of Disease:

BY AMERICAN, ENGLISH, FRENCH, AND GERMAN AUTHORS

AND

EDITED BY

SOLOMON SOLIS COHEN, A.M., M.D.

Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; formerly Lecturer on Therapeutics at Dartmouth Medical College; Physician to the Philadelphia and Rush Hospitals, etc.
Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians; former President of the Philadelphia County Medical Society, etc.

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gonorrhœal origin, this preparation has manifested a very desirable efficacy. The manner in which it is used in these disorders is by dissolving a drachm in a pint of tepid water and injecting the solution by means of a syringe. Three injections daily are employed, and this quantity soon overcomes the offensive character of the discharge. At the same time by allaying the local inflammation it prevents further flow. Moreover, it removes the secondary consequences of the disease, such as annoying and often intense pruritus of the outlets. Ulceration of the mucous membrane is likewise relieved. Suppurative affection in other regions of the body are no less amenable to the beneficial properties of the compound antiseptic powder. This preparation is made by J. S. Tyree, of Washington, D. C.—Reprinted from the *Monthly Cyclopædia of Practical Medicine*, Philadelphia, Pa., April, 1902.

Glass Vaccine Points—A New and Original Idea.

One of the most interesting developments in vaccine points is undoubtedly that recently placed upon the market by the H. K. Mulford Co., of a flint glass point, similar in size and shape to that of the ivory point. Exery propagator of vaccine, as well as user, has recognized the limitations of the ivory or bone point, inasmuch as it could not be properly sterilized, either by dry heating, which chars it, or by the use of antiseptic solutions or powders, which would be absorbed in the bone and destroy the vaccine virus itself and for this reason experiments have been carried on covering a period of years, to secure a proper substitute in glass, which from the start has been recognized as the ideal, if it could be properly produced. Mulford Company have succeeded in doing this. They have under their management a large and completely equipped glass plant, on their vaccine farms at Glenolden, for the manufacture of such glassware as they use in connection with antitoxin and vaccine,—it is the only glass plant in the world that employs exclusively women.

The glass point permits of thorough scarification, it is easily and thoroughly sterilized, and is supplied by the H. K. Mulford Co., either in the form of dry points, or what is superior to these dry points, the glycerinized form of vaccine, that is the same vaccine that is employed in the glycerinized tubes, and is thoroughly tested and free from pathogenic organisms.

Ths glass point is first sterilized and then tipped with glycerinized vaccine, which has been carefully tested bacteriologically and psysiologically, to prove its activity and purity, after that it is encased in a sterile glass capsule, which is then hermetically sealed, thus permitting handling of the point without any possible contamination, and it is, in point of fact, the ideal form of vaccine, representing the purest and and most active.

There is no advanced charge made for the glass glycerinized points and we endorse them as being the most advanced step forward in the marketing of a pure and asceptic vaccine.

Mississippi Medical Record.

VOL. VI.] JULY, 1902. [NO. 7.

ORIGINAL CONTRIBUTIONS.

*A CASE OF SENSORY PARALYSIS.

BY S. MEYER, M. D., VICKSBURG, MISS.

In nearly all cases of paralysis, the physician seldom reaches the patient in time to view the initial phenomena. It was my good fortune to be present from the beginning of such an attack, and the following will illustrate the typical case.

M. H., aged 33. Family history good. Had the usual exanthemata of childhood. No specific history. Has used alcohol largely. On December 31st, 1900, attended a New Year's ball, was very happy at having completed a good season. He danced every dance, and about one A.M., his wife called me, saying he felt badly. I took him in a dressing room, and he said that he felt like something was opening and shutting in his head. A few minutes later he began breathing very rapidly, and said his heart hurt him. I sent him home, and thinking the attack was due to over-exertion from dancing, combined with indulgence in wine, I ordered a hot foot bath and some mustard in hot water internally and a purgative. He vomited a large amount of wine and water, and said he felt better.

The following morning, January 1st, 1901, I saw him and made the following notes: General anesthesia left sided. Knee jerks plus. Loss of power left hand—distinct—no absolute loss of motion. Distinct pain over brachial plexus. No temperature. Loss of sensation to heat and cold. Urine normal.

* Read before the Vicksburg Medical Association.

Here we evidently had to deal with a condition of intra-cerebral hemorrage affecting the ——————. We arrived at this diagnosis of hemorrage by exclusion. No history of syphilis, no indication of same; no kidney disease, no heart disease indicating thrombosis, no hysterical element. The hemorrhage must have come from the lenticulo-striati artery and must have involved the outer portion of the internal capsule to have produced the symptoms of hemianesthesia without hemiplegia.

Against this view, we have the dictum of Osler that hemianesthesia without hemiplegia generally indicates softening, but the subsequent history of the case disproves the idea of softening.

He was placed upon iodide potash gr. x t.i.d. and elix. cascara sagrada.

His condition steadily improved, but while at the end of two weeks his condition as far as confidence in his ability to walk had improved, so that with a cane he could move about; sensation had not returned.

In March 1901, while still taking full doses of the iodides for their absorptive effect, he announced that feeling had slightly returned.

From that time to the present, he has steadily improved, until at present very little trace of the anesthesia remains, although I believe, his sensations for heat and cold are perceptibly diminished upon the affected size.

The lesson to be drawn from a case like the above seems to me to be, that cerebral hemorrhage is not necessarily limited to the period of arterial degeneration that over-exertion, and over-stimulation may produce it, and lastly that whether iodide of potash has any real benefit, we know it is the only remedy that has proved of any benefit in the above condition.

*MEDICAL TREATMENT OF CHOLELITHIASIS.

BY R. ALEXANDER BATE, A.B., M.D., LOUISVILLE, KY.

Cholelithiasis embraces the formation and presence of biliary concretions. Its medicinal treatment is based upon the rationale of its etiology and pathology. Gall stones are

*Abstract of a paper read before the Kentucky State Medical Society at Paducah, Kentucky, May, 1902.

chiefly composed of cholesterine, which is a product of retrograde metamorphosis held in solution in the tissues by lecithin. Its solution in the circulating fluids of the body is maintained by the alkaline salts, and the compounds of potassium and sodium with the fatty acids (Lyman). So long as the bile remains alkaline the cholesterine is held in solution.

If calcium be added to bile it unites with fatty and biliary acids to form insoluble salts no longer capable of holding cholesterine in solution. An excess of organic acids in the liquids and solids of the body cause a liberation of basic calcium from the anatomical structures in which this substance is contained. Calcium thus put into circulation precipitates cholesterine from the bile.

This excess of organic acids in the system is the so-called "arthritic diathesis" or the "acid dyscrasia" described by the French writers. Consequently biliary calculi are most common after the age of thirty-five, that is, after changes dependent upon the diathesis have begun.

Females are affected three times as often as males. Pregnancy, menstruation, tight lacing, sedentary habits, and the increased frequency of osteomalacia among females render them more liable to the disease. Tight lacing causes stagnation of the bile; sedentary habits lessen oxidation; and in osteomalacia calcium salts are put into the circulation.

Cancer of the gall bladder, typhoid fever, appendicitis, and disorders attended with intestinal sepsis are among the frequent causes of biliary calculi. Colloid material, the products of inflammation and bacteria present in the bile, not only favor chemical changes, but furnish a nucleus for the deposit of cholesterine. It has been shown that the bile is so feebly antiseptic that bacteria may live in the gall bladder a considerable length of time.

Gall stones vary in number from one to eight thousand, and they vary in size from a pin head to a goose egg; their formation may take place in the hepatic radicals or in the gall bladder.

Symptoms result only from irritation or obstruction by the calculi. The greatest pain is supposed to result from the spasmodic contraction of the muscular structures upon the stone as it passes through the cystic duct. The obstruc-

ting stone usually lies at the termination of the common duct within the diverticulum of Vater.

The formation of one calculus is likely to be followed by others, either immediately or at subsequent periods. Thus we find the indications for the medicinal treatment of cholelithiasis are:

First, the prevention of the formation of calculi,

Second, the control of the symptoms and the expulsion of calculi when formed.

Prophylaxis is applicable to those predisposed, but in whom no calculi have been formed, and to those from whom calculi have been removed either by surgical or medicinal means. Prophylactic treatment, then, embraces the treatment of the acid dyscrasia, or the prevention of an excess of organic acids in the system; care of the menstruating and pregnant female, especially after the thirty-fifth year: the removal of all things tending to produce stagnation of the bile; the use of all means to promote its fluidity and outflow; the use of agents promoting biliary and intestinal antisepsis, and the use of lecithin or other solvents of cholesterine in those from whom gall stones have been removed. An excess of organic acids in the system must be prevented by increasing oxidation in every way; out of door exercise, bathing, massage, etc., and by a diet requiring as little oxygen as possible, and free of calcium salts. For this reason no red meats, tea, coffee, chocolate, tomatoes, strawberries, bananas, nor limestone nor carbonated water should be taken. But the lentils should especially be used because they not only require less oxygen for their assimilation, but even carry oxygen with them. The oxygenated waters, instead of those charged with carbonic acid gas, should be used. The salicylates promote fluidity of the bile, and together with the terebinthina group, perhaps constitutes the safest antiseptic. Probably the best antiseptic measures in the gall bladder are those that prevent biliary stasis and promote normal gall bladder activity; local massage is to be especially recommended.

In typhoid fever, appendicitis and other disorders attended with intestinal sepsis, the terebinthina group perhaps furnish the best prophylactic; they lessen both biliary and

intestinal sepsis, besides exercising a somewhat solvent action upon biliary concretions.

The treatment of an attack embraces measures for relief of pain as well as those which facilitate the expulsion of gall stones. It is estimated that less than fifty per cent. of individuals affected with gall stones ever have clinical manifestations. Gall stone colic is generally conceded to be due to the contraction of the muscular structure upon a calculus as it is forced into the cystic duct. So that in all instances of cholelithiasis attended with pain we are reasonably sure the offending calculus is small enough to become engaged in the duct. Therefore we have positive indications for medicinal treatment. The first steps in treatment of an attack must be for the control of pain. Anodynes and anesthetics have been used; coal tar derivatives, opium alkaloids, ether and chloroform, etc. Perhaps the speediest relief with the least undesired after effect is obtained by the hypodermic use of heroin hydrochloride in combination with atropine. Heroin is more analgesic and less constipating than morphine. Just as when morphine is used, small doses should be frequently repeated, lest the stone pass suddenly, and a narcotic rather than an analgesic effect result. The agents assisting in expulsion of the calculi may be divided into different classes; the action of one class being due to influence upon the tissues of the biliary tract; of the other due to influence upon the biliary concretion. Those acting upon the tissues perhaps exert a local sedative action, lessening muscular rigidity yet toning up muscular force.

The drugs belonging to the first class are dioscorea villosa cardus marianus, chioanthus virginica and probably most cholagogues.

Drugs belonging to the second class exercise a solvent effect upon the different component parts of the calculi, and though a solution may not be effected, assist in the reduction and moulding of the calculi: Lecithin, olive oil, glycerine, the salicylates, ether, chloroform, turpentine, animal soap, nitro-muriatic acid, the succinate of the peroxide of iron, valerinate of amyl, toluylendiamin, pichi, Carlsbad salts and the alkalies in general. Lecithin is perhaps the most active solvent of cholesterine known; the action of the various oils are dependent upon the lecithin they contain. Gall

stones composed of cholesterine when raised to the temperature of the body may often be moulded as putty into any form according to pressure. If lecithin does not put the cholesterine of gall stones into solution, it may so soften it as to permit moulding. The succinate of the perixide of iron, hydrated, contains a large proportion of nascent oxygen, and is useful both as a prophylactic and an assistant in expelling calculi. Pichi dissolves the mucus and products of inflammation which bind together the cholesterine and calcareous matter.

In addition to the lentils and oxygenated waters, eggs, milk, especially buttermilk, whole wheat and corn breads complete the requirements of diet list; they furnish oxygen, phosphates and lecithin.

Such local measures as massage, counter-irritants, especially the application of salicylate of methyl, and the use of either hot or cold enemata, are of some service.

The intention of this paper is to urge the use of prophylactic measures in those predisposed by diathesis, sex, age, occupation, by intestinal or hepatic disorders favoring biliary stasis and sepsis, and in those previously affected with biliary calculi.

It is not claimed that all cases of cholelithiasis can be cured by medical means. It is desired to emphasize the fact that internal medication either alone or combined with surgical measures must be instituted before a radical cure can result. In support of this it may be mentioned that only a very small proportion of cases of cholelithiasis ever require surgical intervention. And as mentioned by Chauffard, the etiologic factors remain and gall stones may recur after surgical treatment. Furthermore, any inflammatory process or any foreign matter in the gall bladder favors the formation of calculi. A case is reported where a secondary operation showed a portion of a stitch introduced at the first operation formed the nucelus of the subsequent calculus. Fiedler states that symptoms of gall stones occur after operative procedures in fifteen per cent. of cases. Keay shows that upon one in every seven cases operated upon by Kehr, a second operation was performed. Again, the very occurrence of pain suggests the calculus is small enough to become engaged in the duct, and, therefore, is likely to be modified by medicinal agents.

However, it may be said, surgery and medicine are complemental, neither is independent of the other, combined they accord a scientific and perfect treatment for cholelithiasis.

ABSTRACTS AND EXTRACTS.

IN CHARGE OF E. F. HOWARD, B. S., M. D.

Malaria.

The *Medical Record* (March 15th.,) abstracts the following from *The American Journal of the Medical Sciences* (Feb.) :

"A New Factor in the Etiology of Malarial Fever, Indicating New Methods of Treatment.—A. F. A. King adduces arguments to prove that heat is not a factor in the etiology of malarial disease, but explains the undeniable relation between hot climates and malarial fever by eliminating the term "heat" and substituting that of "light." Paroxysms of intermittent fever will not, as a rule, take place at night, in the dark. In places where malarial fever prevails, the disease is increaed by bright, sunny weather, and lessened by clouded skies. It has long been a tradition that to prevent the occurrence or recurrence of ague it is advisable to keep in the shade and avoid sunlight. The malarial parasite is a naked amœba. Red light promotes the vital activities of amœbæ, while violet or purple light restricts them. The color of the light diffused through the blood is necessarily red. The relative liability and immunity of different races of men to malarial fever depend upon the relative translucency or non-translucency of their skin, and probably of their blood. If the etiology given be correct, correct treatment will consist in keeping patients in the dark, or in rooms with purple or indigo windows, and clothing them in garments impenetrable to light; in the tropics, white clothing, lined with purple or black. Drugs that darken the blood, or render it violet, or lessen its translucency, should be given. Quinine sulphate in solution intensifies the violet, and even renders the ultra-violet rays of the spectrum perceptible to human vision."

The *Journal of the American Medical Association* (Feb. 15,) has the following, editorially, on

Practical Points Concerning Malaria :

"In a recent number, notice was taken of the work of Celli and the Italians in emphasizing the economic side of malaria. Another article has just appeared that deals with the practical side of malaria as seen in the tropical possessions of Germany in Africa. Plehn takes it for granted that the plasmodium is the cause of malaria and that the disease is communicated to man by the bite of the mosquito. in his observations he recognizes the larger pigmented form of parasite with intermittent course, and a smaller form with sparse pigment corresponding in its morphology and clinical manifestations to the estivo-autumnal parasite. The value of blood examinations is not underestimated and the experienced physician can in this way not only tell the variety of malaria but can predict the time of the next paroxysm. Yet clinical manifestations generally enables one to make an accurate and positive diagnosis. Long-continued paroxysms of fever in the estivo-autumnal form speak for double or multiple infections.

The negro inhabitants are practically immune. Yet Plehn finds, as did Koch, that the blood of negro children often contains the parasite, and the children, if they are carefully watched, will be found to have splenic enlargement and slight fever, i. e., mild manifestations of malaria. They are by this mild attack rendered immune against future attacks, as they are born relatively immune because of hereditarily transmitted tendencies. Europeans, however, lacking any hereditary immunity or any that is acquired through mild malaria in infancy, readily fall victims to the severe forms of the disease. The comparison is very aptly made between the behavior of the black toward malaria and the white toward measles. It is well known that when communities where this latter disease has not appeared are infected with measles, old and young alike are stricken with a most severe and malignant type of the disease. Through centuries of contact with measles the white man is relatively immune. Plehn suggests that immunity against paludism might possibly be artificially conferred by purposely inoculating individuals by means of the bites of infected mosquitoes and permitting only a mild form of malarial fever to develop by giving small doses of quinin. Experiments along this line are justifiable.

Prophylaxis by means of screening windows, wearing clothing that protects the body from the bites of insects, remaining indoors after sundown and keeping away from dis-

tricts known to be infected, should be rigidly advised and if necessary enforced by law on sailors and Europeans. One may judge of the susceptibility of the European to malaria by reading Plehn's statement that if 100 Europeans were to attempt to acquire immunity, permitting themselves to be inoculated by the bites of infected mosquitoes and if they were not to take quinin, out of this 100 at least 90 would die, and nine would be left in a wretched condition of weakness and debility, while one, perhaps, would pass through the ordeal unharmed.

From the experience of this observer, who, while thoroughly scientific, does not overlook the practical side of the question, one sees how important is the attention to the details of prophylaxis, how dependence is still upon quinin, how important from an economic point of view the doing away with this scourge of the tropics and how there are still many problems of scientific interest that still remain to be solved and whose solution will be of immense value. A vaccination against malaria is the great desideratum of the tropical world."

In the *Medical Record* of Feb. 15th., C. F. Craig presents an analysis of 195 cases of latent and masked malarial fevers. In his series the blood examination determined the diagnosis in all cases. One hundred and fifty of these patients were found to be suffering from estivo-autumnal infections; forty-four from tertain infections; and one from quartan infection. Fifty-five of these cases had been diagnosed as chronic dysentery; nineteen as chronic diarrhea; and a list of some thirty diseases is given for which these latent and masked cases of malaria were at first diagnosed. The source of infection was traced in one hundred and eighty cases; a hundred and twenty suffered from their first attack in the Philippine Islands, while sixty gave a history of having their first attack in Cuba. Of this series of one hundred and ninety-five cases, five proved fatal from the diseases which complicated them; three cases of masked malaria died from chronic dysentery, as well as 2 cases in which the infection was latent. In these latter 2 cases the chief pathological changes were found in the spleen and liver, both organs were much pigmented, the spleen being considerably enlarged. The condition of the sections of the spleen as compared with those in which the malarial infection was masked seems to be simply of degree, the masked infections showing a much greater pigmentation and many more parasites than the latent infections. Craig wisely urges the necessity of routine blood examination in all cases of disease originating in the tropics, or in localities which are known to be malarious.

In the *Journal of Tropical Medicine* (March 15.,)—Moore suggests conditions analogous to those described in certain plants, as occuring in malarial parasites. He has observed certain bodies which seem to him to be able to take a simpler form of reproduction than the ordinary one. In his observations of latent cases which he reports, the duration varied from a few months to several years, and he thinks it depends upon the following, viz. :

(1) It may be that, owing to a lack of development of the parasite in sufficient numbers, there is not enough toxin liberated at a time to cause symptoms; (2) The parasites may become attenuated to such a degree that they do not produce the amount and the kind of toxins to manifest symptoms of their presence, though they may be present in large numbers; (3) The individual may have acquired a certain immunity, so that he prevents a sufficient development of the parasites to enable them to liberate enough toxins to cause symptoms, or else his organism is resistent to large amounts of toxin ; (4) The attention, lack of development or partial immunity may cause the symptoms to develop atypically, or some intercurrent disease may so modify the symptoms of malaria that they become atypical. This should be called masked rather than latent malaria.

The *Philadelphia Medical Journal* (Feby. 22nd.) abstracts from the *Deutsche Medicinische Woehenschrift* the following :

" After some preliminary remarks concerning the forms of parasites found in the blood, particularly in the tropics, Plehn refers to the fact that the large, deeply pigmented parasites cause short paroxysms, associated with chill, with more or less marked enlargement of the spleen are not likely to be associated with dangerous complications, but have only a slight tendency to spontaneous cure. The small, slightly pigmented forms usually cause no chill, and no marked enlargement of the spleen, but are likely to cause severe complications, although, on the contrary, they have a distinct tendency to spontaneous cure. The German Malaria Commission came to the conclusion that the clinical picture of malaria in the tropics is uninfluenced by quinine; and, when caused by the small parasites, runs under the picture of malignant tertian—i. e., an irregular intermittent tertian, with protracted paroxysms ; but only when there is one generation of parasites in the blood. This, he insists, is not always the case. Just as double infection with ordinary tertian parasites cause fever, so does double infection with small, unpigmented parasites occur; and the presence in the blood of two generations of these parasites produces an irregular remittent or continuous course of the fever. He

emphasizes the importance of treating tropical malaria with quinine, and treating it at once without waiting for the paroxysm to pass off and the opportunity to give the medicine in the interval. He mentions several cases in which the latter plan was pursued, two of them treated by himself and others by other physicians. The interval was waited for, but never came; and when quinine was finally given it was too late, and the patients died. It is evident, therefore, that in the tropics cases occur which do not follow the scheme laid down in the textbooks, but which run a course of irregular remittent or continuous fever. It makes little difference whether these cases are really due to the parasites described by Koch as the parasites of irregular malaria, whether it is double infection with the same form of parasite, or mixed infection with various species of parasites; the important point is to recognize that such cases may occur, and to interfere at once by giving quinine."

Young, *Am. Prac. and News*, March 15, considers Latent Malaria a condition in which, following an infection differing in no ascertainable respect from one producing malarial symptoms in the usual time, clinical manifestations are absent, or are delayed for weeks, although the parasites may be more or less constantly present in the circulation and follow (as far as can be determined) their normal intracorporeal life-history. He groups these into two classes: 1. Cases of long incubation followed by an outbreak without an apparently immediate exciting cause. 2. Those where there are no clinical manifestations, or if they do occur their onset seems to be determined by some existing cause entirely independent of the malarial infection. The hypotheses that the parasites lie dormant in the spleen or bone marrow, or that they multiply so slowly that they fail to produce a febrile reaction, are not fully accepted by him and he thinks that, under certain circumstance, the apparent dormancy of the parasites may be due to their following, under the influence of conditions not at present understood, an entirely different life cycle. He gives his reasons for this belief and calls attention to the clinical importance of the condition, suggesting that in any section where malaria is endemic we should not be satisfied in obscure cases of illness of any character, from hysteria to dyspepsia, until we thoroughly examine the blood.

Italian Society for the Study of Malaria.—The fourth annual meeting was held in Rome, March 20, under the presidency of Dr. Fortunato. Professor Celli described the results of the study of malaria during 1901. The epidemic in 1901 was milder than that of the year preceding. Estivo-

autumnal parasites were found in every part of Italy; more severe in Southern Italy. In Northern and Central Italy milder malaria occurs, generally tertian; the quartan fever was the most scarce and the most uniformly observed. Recurrence after long intervals in spite of all treatment was characteristic of malaria in Italy. The anopheles was never absent. There were numerous places with paludism and anophelism in Central and Northern Italy absolutely without malaria. Severe tertian fever was precisely estivo-autumnal; mild tertian developed first in the spring; the quartan was principally autumnal. Dr. Caccini observed true quotidian fever. Even with treatment in the pre-epidemic period, the development and extension of malaria could not be prevented, yet, when quinine bisulphate and hydrochlorate were given prophylactically, out of 208 persons barely 2 per cent. of cases occurred. Mechanical prophylaxis, especially in the protection of houses, gave brilliant results. Quinine in the future will be given gratuitously and abundantly by employers to workmen."

The Bilious Hemoglobinuric Form of Malaria.—In the *Archives de Medecine et de Pharmacie Militaires*, for September, 1901, J. Pailloz reports in full the histories of six cases of malarial hemoglobinuria, treated at Tonkin, All but one patient had already had attacks of malaria; all but two recovered. Detailed examination of blood and urine was impossible, from lack of the necesary instrument. While the colored race seems more resistant to malaria than the whites, bilious hemoglobinuric fever occurs among them also. This form of malaria is most frequent in the tropics, and in those regions in which the other forms of pernicious malaria occur. It is mainly seen in those who have had frequent attacks of malaria. The majority of the cases are seen in the Fall of the year. In three cases liver and spleen were enlarged; in three others there was enlargement of the spleen only. When the hemoglobinuria occurred, the pulse was slow and dicrotic, the temperature remaining high and irregular. The hemoglobinuria appeared as a rule after the chill, and disappeared gradually eighteen or twenty hours afterward. It occurred but once in each of five cases, and twice in the remaining case. The emaciation was marked. Jaundice appeared with or after the hemoglobinuria. The fecal matter examined contained bile salts. Albuminuria occurs, and anuria may follow. The prognosis is unfavorable. Pailloz believes that not hemoglobinuria, but hematuria is caused by quinine. For quinine will cause the disappearance and failure of recurrence of the hemoglobinuria. In another case, not yet published, the effect of the quinine was striking, undoubtedly resulting in recovery from a condition of coma in malarial

hemoglobinuria. Repeated hypodermic injections of one or two gm. of quinine are indicated. the absence of the hematozoa and pigment from the blood does not prove that bilious hemoglobinuria is not malarial. It is possible that the theory of mixed infection may better explain the occurrence of the hemoglobinuria.

The *Journal of the American Medical Association* (April 12th.,) abstracts the following from the *Medical Bulletin Washington University* (St. Louis, January.):

"Malarial Dermatoses.—Eighteen cases of skin affections, urticarial, herpetic, etc., are reported and discussed by Engman. He remarks on the neglect these have received and offers the following as his conclusions: "1. It is highly probable that certain affections of the skin, as pruritus, urticaria, angioneurotic edema, erythema multiforme, pompholyx, zoster, eczematoid eruptions and gangrene may be due to malarial poisoning. 2. In such cases there is generally a periodicity in the intensity of the eruption symptoms. 3. There may be marked or slight constitutional disturbances, or the eruption may occur without any other symptom of paludism. 4. Nephritis may complicate the picture in severe cases and seem to be the apparent cause of the dermal manifestations, whereas the malarial infection is the sole etiologic factor. 5. When an eruption is associated with malarial infection it quickly recovers under the specific treatment."

THERAPEUTICS.

Administration of Quinine by Hypodermoclysis.—J. W. Gray, Jr., says that the principal objections to giving quinine by intravenous injection are the difficulty of the technique and the danger of paralysis of the heart, if the solution be thrown too rapidly into the circulation. However, if slowly and carefully done, it is safe and very effective. He advises the administration of a weak, hot solution, one-fourth to one-half of one per cent. of quinine in deci-normal salt solution, by hypodermoclysis. The most dangerous manifestations in all malarial paroxysms are characterized by the stasis of the circulation and imperfect elimination of toxins and waste products, and the author says that he knows of no better method of combating that tendency than the ingestion of a large quantity of deci-normal salt solution. The addition of the small percentage of quinine in nowise de-

tracts from its value, nor does it add to the irritation, so that we are able to meet two therapeutic indications at once. The solution that he prefers is 30 gr. of bimuriate of quinine and iron in a pint of deci-normal salt solution. He uses a medium-sized aspirating needle. The solution may be injected, with due aseptic precautions, into the loose subcutaneous tissue in any part of the body, or in urgent cases it may be thrown directly into a vein. The injection is not very painful, the absorption is rapid, cinchonism is prompt, and induration or local necrosis has never been produced.—*Memphis Medical Monthly.*

Some Practical Suggestions for the Prevention of Malarial Fevers.—G. T. Birdwood considers the matter to be largely one of sanitation. If we improve the ventilation of native houses, the less anopheles will we find in them. If we relieve the overcrowding in the houses of native cities, the fewer victims will the mosquito find. If we improve the surface drainage of towns, the fewer opportunities for their development will there be. Nutall has shown that anopheles mosquitos are by no means extinct in England, and it is more than probable that malaria has become extinct in England very largely from the improved sanitary conditions of our towns and villages, and also from the better housing of the poorer classes; and it is because the sanitary surroundings of people living in Indian towns and villages is still so far from perfect that the death-rates from malaria are still so high.—*Indian Medical Record.*

Enlarged Spleen in Chronic Malaria.—Lyon, in *Le Prog. Medical*, recommends the following local and general treatment of enlarged spleen in malaria:

℞	Iodoform.....gr. xlv	3	
	Ext. belladonnæ.....5i	3	75
	Ol. menth. pip.....gtt. xx	1	33
	Adipis lanæ.....5ii	60	

M. Ft. Ung. Sig.: Apply locally twice a day with friction. For the general condition the following:

℞	Acidi arsenosi.....gr. 1-100	0006
	Iodoform.....gr. i	06
	Ferri et potass. tart.....gr. i	06
	Ext. belladonnæ .....gr. ss	03
	Quininæ sulph.....gr. 1-3	02
	Ext. nucis vom.....gr. 1-6	01
	Ext. valerianæ.....gr. i	06

M. Ft. pil. No. i. Sig.: Take two such pills at noon and two at night before meals.—*Journal American Medical Association.*

Two Notes on Malarial Fever in China.—W. G. K. Barnes gave the treatment of this disease by inunctions of creosote a trial. In no case did he obtain a cure, but headache and nausea, if present, disappeared absolutely, and the temperature would drop about five degrees. There was little or no after depression. Perspiration was excessive. He used ℥ss. of creosote to ℥i. of lanolin. The author calls attention to a symptom found in two-thirds of the cases in a severe epidemic of malarial fever, namely, the deflection of the tongue markedly to one side, usually the left, when protruded.—*Journal of Tropical Medicine.*

On the Danger of Subcutaneous Injection of Quinine.—J. Preston Maxwell, having by experimentation found that the injection of too concentrated solutions of quinine produced gangrenous patches or cellulitis, now administers the remedy according to these principles: (1) The injection should be intramuscular, not subcutaneous; (2) The gluteal, scapular, and deltoid are the muscles best suited for this method; (3) The injection used consists of six grains of the hydrochlorate to forty minims of boiled water; this solution is brought to a boiling point and allowed to cool; the essential point is a large dilution of the acid salt; (4) After injection, which is always painful, iodine liminent is painted over the point of injection and the surrounding area. The author has never seen any untoward results from this method. He holds that injections are not absolutely safe in the case of those suffering from any form of acute septic ulceration, as there is a possibility of the area of injection being infected from within.—*Journal of Tropical Medicine.*

Quinin Bihydrobromate in Malaria.—Ferguson has met with a number of cases in which quinin taken by the mouth seemed inefficient, and he has experimented with various salts of quinin for hypodermic use and finally hit upon bihydrobromate or acid hydrobromate of quinin, which dissolves readily in six parts of pure water. It is a perfect stable salt, more reliable, he thinks, than any other, and probably more unirritating. He uses it usually by injecting 3 gr. of the drug dissolved in 20 minims of pure warm water under the skin of the upper arm, thigh, abdomen, or elsewhere, on alternate days. He keeps a syringe solely for this purpose, disinfects the syringe and the patient's skin with a strong carbolic lotion and carefully disinfects his own hands, besides carefully sterilizing the needle in the flame. He

thinks it well to boil the solution every time it is used. With these precautions, he considers there need be no fear of tetanus even in the tropics. He thinks that very few or no patients with malaria can resist six doses of 3 gr. each of quinin bihydrobromate. Some of his patients have been cured in three doses; none of them required more than six injections.—*British Medical Journal.*

Treatment of Malaria.—"In the very severe and in the very tenacious forms of malaria it is well known that quinine and the allied alkaloids have but slight action and that arsenic is uncertain and variable in its effects. A. Gantier (Rev. de Therap., March 1, 1902) has given the name arrhenal to an organic arsenic preparation, the disodium methylarseiate, which is closely allied to the cacodylates and which surpasses in action even large doses of quinine. The dose is 0.05—0.1 gram by hypodermic injection when prompt action is desired. By systematic blood-counts it was also found that the post-malarial anemia was markedly benefited."—*Medical News.*

EDITORIAL.

H. H. HARALSON, M. D., EDITOR.

VICKSBURG, - - - MISSISSIPPI.

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Entered at the Postoffice at Vicksburg, Miss., as Second-class Matter.

SEVERE BLOW TO DOWIEISM.

Under the above caption, "*The Baptist*," a religious paper, published in Jackson, Miss., with credit to itself says:

"Everybody has heard of that modern religious crank, Alexander Dowie. He lives in state in "Zion" near Chicago. His daughter, a beautiful and talented young lady, and junior student in the University of Chicago was fatally burned by a lamp in "Zion" from which she died after lingering for a day. All day Mr. Dowie and his "elders" prayed for her recovery, but they would not call a physician and the poor girl suffered death a dozen times before she died. It is to be hoped that her death may have something to do with bringing him to his senses. Of course the doctors could not have saved her, but they could have relieved her pain."

THE PREVENTIVE AND CURATIVE TREATMENT OF HAY FEVER.

It is difficult to conceive of a more miserable creature in all the world than the hay-fever sufferer. The attack not only makes him exceedingly uncomfortable, but renders him unfit for business or the pleasures of society. Aside from the annoying and continual discharge from the nostrils, the eyes are suffused, the secretion of tears is increased, the nasal passages are obstructed, and an intense burning sensation is experienced; the latter is not entirely limited to the mucus membranes, but not infrequently involves the cutaneous surfaces of the forehead, cheeks and nose. Violent attacks of sneezing occur, which are so prolonged, at times, as to completely exhaust the sufferer and bring on severe headache. The condition is one of utter wretchedness, and there is ex-

treme malaise, amounting to complete prostration. The lightest duties become irksome tasks, and many an active, industrious, and useful member of society is completly incapacitated while "the season" lasts.

For years some convenient means has been sought. Change of scene does very well for those, unfettered by business, who can afford to travel. But to many very worthy people a change of scene is out of the question. Naturally the greater number of the afflicted are accustomed to look to the medical profession for the help they need. But what has the medical profession actually accomplished for the permanent relief of the sufferer or the cure of his ailment? There is scarcely a sedative, astringent, tonic, nervine or alterative drug in the materia medica that has not enjoyed an evanescent reputation as a useful remedy in the treatment of hay fever. Until the discovery of Adrenalin, each had been as much of a disappointment as its predecessor and none had afforded more than the merest temporary relief.

There is increasing evidence that Adrenalin fully meets the indications as a remedial agent in hay fever. It controls the nasal discharge, allays conjestion of the mucus membranes, and in that manner reduces the swelling of the turbinal tissues. As the nasal obstruction disappears, natural breathing is materially aided and the ungovernable desire to sneeze is mitigated. In short, a season of comparative comfort takes the place of the former condition of distress and unrest. Adrenalin blanches the mucus membrane by vigorously contracting the capillaries, and thus reduces local turgescence. It strengthens the heart and overcomes the sense of malaise so frequently a prominent feature in case of long standing.

In the treatment of hay fever the Solution of Adrenalin Chloride should be used. This preparation is supplied to the strength of one part Adrenalin Chloride to one-thousand parts Normal Saline Solution, and is preserved by the addition of 0.5 per cent. Chloretone. The 1-1000 soulution should be diluted by the addition of four parts Normal Salt Solution, and sprayed into the nares with a "Cocaine" atomizer. In the office, the 1-1000 solution may be applied in full strength. A small pledget of cotton is wrapped about the end of an applicator and moistened with few drops of the solution

(1-1000). The speculum is then introduced, the patient's head is tilted backward in a position most favorable for thorough illumination by the head-mirror, and the visible portions of the middle and lower turbinate bodies, and the septum, are carefully and thoroughly brushed. The same application is made to the other nostril, when usually relief follows, in a few moments. Should the benefit prove only partial, the 1-5000 solution may now be sprayed into both nares, and a few drops instilled into both eyes. The effect of this treatment may be expected to last for several hours. Indeed some physicians report that it is necessary to make but one thorough application daily to afford complete relief.

It is also recommended that Solution Adrenalin Chloride be administered internally in 5 to 10 drop doses, beginning ten days to two weeks prior to the expected attack. In explanation of the beneficial effect of the drug when used in this manner, the suggestion has been made that hay fever is essentially a neurosis, chacterized by a local vaso-motor paralysis, affecting the blood supply of the eyes, nose, face, and pharynx, and occasionally of the laryngeal and bronchial mucus membranes. Adrenalin overcomes this condition, restores the normal balance in the local blood pressure, and thus aids in bringing about a cure. The profession is to be congratulated that it has at last an agent that, if not a specific, fulfills the therapeutic indications more completely and with greater satisfaction than any other remedial measure recorded in the history of medicine.

Prutrefactive Processes.

As an antiferment, to correct disorders of digestion, and to counteract the intestinal putrefactive processes in the summer diarrhoeas of children, Listerine possesses great advantage over other antiseptics in that it may be administered freely, being non-toxic, non-irritant and non-escharotic: furthermore, its genial compatibility with syrups, elixirs and other standard remedies of the Materia Medica, renders it an acceptible and efficient agent in the treatment of diseases produced by fermentation of food, the decomposition of organic matter, the endo-development of fetid gasses, and the presence or attack of low forms of microzoic life.

An interesting pamphlet relating to the treatment of diseases of this character may be had upon application to the manufacturers of Listerine, Lambert Pharmacal Co., Saint Louis.

BOOK REVIEWS.

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, other than Drug-Giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A.M., M.D., Professor of Medicine and Theraupeutics in the Philadelphia Polyclinic; Lecturer of Clinical Medicine at Jefferson Medical College; Physician to Philadelphia Hospital and to Rush Hospital for Consumption, etc. Vol. ix.—Hydrotherapy, Thermotherapy, Heliotherapy and Phototherapy by Dr. Wilhelm Winternity, Professor of Clinical Medicine in the University of Vienna; Director of the General Polyclinic in Vienna. Assisted by Dr. Alois Strasser, Instructor of Clinical Medicine at the University of Vienna, and Dr. Buxbaum, Chief Physician of the Hydro-therapeutic Institute in Vienna. Bolneology and Crounotherapy by Dr. E. Heinrich Kisch, Professor in the University of Pragne; Physician at Mariendad, Spa. Translated by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc., and with Notes on American Springs by Guy Hinsdale, A.M., M.D.; including special chapters on the Classification of Mineral Waters and their Distribution in the United States, by A. C. Peale, M.D., Aid in the National Museum, Washington, D. C., in charge of Mineral Water Statistics of the United States Geological Survey; on the Practice of Phototherapy and Thermotherapy, by J. H. Kellogg, M.D., of Battle Creek, Michigan; and on Saline Irrigation and Infusions by Harvey Cushing, M. D., of Johns Hopkins Hospital, Baltimore; also an Appendix by the Editor. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902.

In connection with the issuance of this volume the publishers, in "a note," "desire to state that the issue of this volume (ix.) has been somewhat delayed to permit the insertion of several supplemental chapters on important subjects and an Appendix designed to bring the material and the illustration of new methods and new instruments right down to date. The difficulties of thoroughly covering hitherto unworked fields are not known until encountered, and rather than publish a volume which does not at least seem complete to editor and publisher, this book has been made much larger than originally contemplated and embraces more than has hitherto been included in works of the kind. A large number of illustrations have been added in order to make plain many of the methods referred to in the text. It is with great confidence, therefore, that the publishers place it before the profession as being not only much more than called for in their original announcements, but as a work of the highest practical utility."

The subjects discussed in this volume will be found very interesting to the profession at this time.

Part first is devoted to physiologic basis of hydrotherapy and contains five chapters, the first on fundamentals, the second on the effects of hydrotherapeutic measures upon special tissues and organs, the third gives the chemical effects and internal use of water, the fourth treats of the reaction, and the fifth of the fundamental principals and practical applications of heliotherapy and phototherapy.

Part second treats of the technic and the methods of hydrotherapy which embraces general baths, partial baths and other procedures, the wet compress, wet and dry pack, bags and coils, irrigation, sweat baths, and additional local applications of heat and cold.

In part third special hydrotherapy is discussed in seven chapters,—acute febrile infectious diseases; intoxication, anemia, metabolic disorders; diseases of the nervous system and of the muscles and joints; diseases of the respiratory organs; diseases of the circulatory apparatus; diseases of the digestive organs; diseases of the urinary apparatus, of the female sexual organs, of the skin, and venereal diseases.

Following this we have ably discussed in supplemental chapters,—heliotherapy, phototherapy, thermotherapy, and saline infusions and irrigations.

In the second division, in two parts, following the introduction, is discussed mineral waters and their uses, balneotherapeutics and crounotherapeutic indications for the individual forms of chronic disease.

In the appendix is discussed additional methods for the theraupeutic use of water, heat, cold, light and mineral baths.

The book as a whole is a well written, able exposition of the subjects discussed and will be found of great practical use to the physician. In no other work can these subjects be found so fully and practically discussed. The illustrations add a great deal to the value of the book.

A Practical Treatise on Small-Pox. Illustrated by Colored Photographs from Life. By George Henry Fox, A.M., M.D., Consulting Dermatologist to the New York City Department of Health, with the Collaboration of S. Dana Hubbard, M.D., Sigmund Pollitzer, M.D., John B. Huddleston, M.D. $3.00 delivered complete. J. B. Lippincott Company, Philadelphia.

Dr. Fox very correctly says in his preface to the work, "Whenever a physician is called to a case of suspected small-pox, he confronts a grave responsibility." Our observations along this line confirm in our minds the truthfulness of the above statement. The book is not intended to take the place of an experienced consultant, but we are at a loss

to know how a physician, however young and inexperienced, can read its text and study its plates and remain ignorant of the disease. The illustrations of the small-pox eruptions are given in each of its successive stages and so true to life are they that when we look at them it makes us feel as though we were actually standing in the presence of a case of small-pox. It is unquestionably the most concise, comprehensive and the best illustrated work ever attempted on the subject. It contains ten colored plates representing typical cases of variola in their successive stages of the disease; also six black and white photographic plates showing unusual phases of variola, vaccina, varicella, and diseases with which small-pox is liable to be confounded. It contains forty-three illustrations in all. The plates are reproductions of photographs from life. While the work is the embodiment of mechanical excellence the accompanying text though brief is eminently practical in character, giving symptoms and course of the disease, the characteristic points of diagnosis, and the approved methods of treatment.

The work also contains a chapter on vaccination which gives the technique of the operation, its incidental complications and the methods of obtaining the most trustworthy views.

The Freethinkers' Manuel, by Prof. Baur and H. F. Herbert. Radical Publishing Co., 17 S. 16th St., Philadelphia.

One does not expect much of a flashy looking book that announces on its title page: "Understand, I am non-moral," and whose authors are "Prof. Dr. Baur, Physiologist; H. F. Herbert, Electrician, and a great number of scientists," but this book contains meat from cover to cover. True, it is rotten meat—putrid, disgusting, nasty meat—but nevertheless meat fit for the buzzards who will devour it. The prelude announces that the book contains "an explanation of every apparently insoluble question," and the preface concludes with the statement that "the reader shall decide whether all the books written up to date ought to be burned or not." We know of one book, at least, that deserves such a fate.

From the religious standpoint the book is beneath contempt; from the literary it is infantile; from the medical, absurd. We have not the audacity to ask our legal friends to read the chapters on laws and politics, so cannot give an expert opinion.

Religion being a subject for faith and not for reason we do not sully our shoes by wading into the filth spread about by this "great number of scientists," but we cannot refrain

from touching on the doctrines of "New Medicine" here laid down.

"The new medicine acknowledges only three kinds of maladies"—the subelectrical, in which we find no fever; the superelectrical, characterized by fever; the mixed—very badly mixed—having afebrile and febrile stages. It reminds us of a medical wit who formulated a new classification of skin diseases, dividing them into "eczema and not-eczema." He claimed it was impossible to miss the diagnosis unless you made a mistake.

Some discoveries of these men may explain some of our sociological problems: "The principal cause of divorce in America are the boarding-houses. There the food is so miserable that the nourishment of the boarders is entirely insufficient."

"Only those orders that live in complete poverty and abstinence of food can be considered not to have sexual sensations" is a statement that might meet our approval could we see how they *live*. Has the problem of the Indian who tried to teach his horse to live on one straw a day been solved?

Some amusing advice about matrimony is given: "Take no wife with thin arms and legs. When a woman sits upon a chair or bench you can approximately measure her legs. Take no wife with long legs. Take no wife who goes shopping in the morning." This is "New Medicine."

Some of the paragraphs on therapeutics are especially rich. Opium, they say, is contraindicated in diarrhoea, but a gramme or two of tannigen will "stop any diarrhoea." The next sentence contains a prescription for diarrhoea in children that gives three grains of Dover's Powder daily. The age of the child is not mentioned.

But it is hardly possible for anything to be totally bad, and we rejoice at finding two items of advice to followers of "New Medicine" that we can heartily endorse:

"In cases of poisoning you must have a good physician"—and "The remedies to prevent fecundation are highly recommended to the ladies of the free thinkers." This is unusually sane advice. Such people should not be permitted to reproduce.

MEDICAL NEWS AND MISCELLANY.

Dysentery and Flatulence.

The griping pain and flatulence which accompany bowel and stomach complaints, particularly during the heated term, are so readily overcome and controlled by the timely administration of one or two Antikamnia & Salol Tablets, repeated every two or three hours, that it behooves us to call our readers' attention to the grand efficacy of this well known remedy in these conditions. The above doses are, of course, those for adults. Children should be given one-fourth tablet for each five years of their age. When the attack is very severe, or when the disturbance is evidenced at or near the time of the menstrual period, we find it prefer-

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THE ABSOLUTE SAFETY OF **LISTERINE,** ITS WELL DEFINED ANTISEPTIC POWER, AND THE READINESS WITH WHICH IT LENDS ITSELF TO COMBINATION WITH OTHER INDICATED REMEDIES, ARE PROPERTIES WHICH HAVE LED MANY PHYSICIANS TO LOOK UPON AND USE **LISTERINE** AS THE ANTISEPTIC FOUNDATION OF THEIR PRESCRIPTIONS FOR SUMMER COMPLAINT

We have a 32-page phamphlet on this subject which may be had upon application

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TRI-IODIDES (HENRY'S.) LIQUOR SALI-IODIDES.

Colchicin, 1-20 grain. Phytolaccin, 1-10 grain. Solanin, 1-3 grain. Soda Salicylate, 10 grains. Iodic Acid, equal to 7-32 grains Iodine. Aromatic Cordial. Dose, 1 to 2 drachms in water. 8-oz. bottle, $1.00.

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum to the Iodides. Indicated in all conditions dependent upon perverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances; in lingering rheumatic pains which are "worse at night." Bone, periosteal and visceral symptoms of acute syphilis; for the removal of all inflammatory, plastic and gouty deposits.

A remedy in sciatica, migrain, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC

Each drachm contains Proto-Chlor. Iron 1-8 gr.; Bi-Chlor. Mercury, 1-128 gr.; Chloride Arsenic, 1-280 gr.; Calisaya Cordial. Dose, 1 to 2 drachms. 12-oz. bottle, $1.00.

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache."

As an adjuvant for potassium iodide the undesirable manifestations known as Iodism can be removed.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

MAIZO-LITHIUM LIQUOR LITHIUM MAIZENATE.

Nascent Chemic Union of Maizenic Acid — from Green Corn Silk — with Lithium, forming Maizenate-Lithium. Two grs. to drachm. Dose 1 to 2 drachms. 8-oz. bottle, $1.00.

A genito-urinary sedative, an active diuretic; solvent and flush indicated for the relief and prevention of renal collic; a sedative in the acute stages of gonorrhea, cystitis and epididymitis; in dropsical effusions due to enfeebled heart or to renal diseases. As a solvent in the varied manifestations of gout, goutiness and neurotic lithemia, periodical migrainous headache, epigastric oppression, cardiac palpitation, irregular, weak or intermittant pulse; irratibility, moodiness, insomnia and other nervous symptoms of uric-acidemia. Decidedly **better**, more economical, extensive in action and definite in results **than mineral waters.**

Those cases of irritable heart, irregular or intermittant pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

HENRY PHARMACAL CO., LOUISVILLE, KY.

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able to give two Antikamnia & Codeine Tablets, alternately with the Antikamnia & Salol Tablets. The latter Tablets promptly arrest excessive fermentation and have a pronounced sedative effect on the mucous membranes of the bowels and stomach, and will check the various diarrhoeas without any untoward effect.

I AM thoroughly satisfied with the results I obtain from the use of Peacock's Bromides. I prescribe it with much confidence, and while I have seen others, said to be "just as good," I do not tolerate them, but consider this a splendid recommendation for the prescription.

BRAYMER, Mo. H. A. SCHRAEDER M. D.

I REGARD SENG as one of the best, if not the best remedy that I have ever had experience with in all dyspeptic and gastric troubles. I have been practicing thirty-five years, and thus you will see this is saying much for a remedy. Its action is slow, but I deem this all the better.

TROY, Mo. D. W. TRICE, M. D.

I HAVE used Bromidia in cases of insomnia, restlessness and threatened convulsions, with surprising results, finding that a dose of from 15 drops to one drachm to be sufficient according to age and how often to be repeated. I have combined Bromidia with Papine where I wished to annul pain with excessive nervousness; the combination acting very happily also in bladder troubles. I use Bromidia and Papine very much in my family.

PHILA., PA. CHAS. E. QUETIL, M. D.

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*A CONTRIBUTION TO THE THERAPEUTICS OF ANÆMIC CONDITIONS.

BY DR. HERMANN METALL,
ASSISTANT PHYSICIAN TO THE GENERAL POLYCLINIC, VIENNA.

(Translated from the German.)

In the medicinal treatment of the various forms of anæmia, whether it be essential chlorosis or the so-called secondary forms arising from severe loss of blood and various diseases (tuberculosis, cancer, etc.), iron has always occupied the most prominent place. In the management of chlorosis, especially, the chief object is the administration of an adequate quantity of iron, since upon this depends the success of all treatment. As to the manner in which iron acts in anæmic conditions, that is a secondary matter. Whatever be its mode of action, it remains an empirical remedy and yet one of incontestable value.

According to the unanimous opinion of many authors the effect of iron in chlorosis cannot be replaced by alimentation. Reinert, Klein, Immermann, Ensli, and others have shown that typical chlorosis cannot be cured in any other way, even by forced feeding. Some of them have made a series of very careful experiments for this purpose, and reached the remarkable result that during superalimentation, extending even over a number of weeks, the quantity of hæmoglobin in the blood increased scarcely a few per cent, and remained permanently at this level. That this is actually so we daily convince ourselves in cases of chlorosis in girls of the better classes. These girls, if placed on a full diet, accumulate more fat, while the chlorosis remains practically unaffected—it requires iron. The dietary therefore plays a sub-ordinary part in the therapy of chlorosis (Klein), and is to be regarded only as an important adjunct to the treatment.

I will now devote a few words to manganese, which is employed in combination with iron in some ferruginous preparations for the treatment of anæmia. Hannon already directed attention to this metal, which is a constituent of healthy blood, and which besides iron has an important bearing on the absorption of oxygen by the blood. In fact, experiments have shown that anæmic conditions are most successfully treated with iron in connection with manganese. Chalybeate medication is materially aided and promoted by the addition of manganese. Efforts have therefore been made to introduce combinations of iron and manganese into therapeutics.

After laborious attempts, Dr. Gude, chemist, succeeded in producing such an iron-manganese preparation, which is easily absorbed by the entire intestinal tract, evokes no concomitant effects, and, as is illust-

*Medicinisch-Chirurgisches Central-Blatt, Vienna, Austria, January, 1902.

GYNECOLOGIC
AND
OBSTETRIC
ANTISEPTIC

Safety, simplicity, surety are found more abundant in **TYREE'S ANTISEPTIC POWDER** than any agent ever produced. It acts with great energy even in the most diluted condition upon all forms of virulent germs, while upon sensitive and delicate surfaces it acts with equal harmlessness. Solutions of it render the entire genital track immune to every morbid process, contagion or infection. In abundant discharges from the vagina, cervix and uterus, its effect is almost wonderful, relieving immediately the offensive character of the discharge, at the same time allaying the local inflammation it prevents further flow and corrects the intense pruritus of the outlets. The manner in which it is used in these disorders is by dissolving a drachm or more in a pint of water and injecting the solution by means of a syringe three or four times a day, bearing in mind that the inexpensiveness of the Powder warrants its liberal use. One-half pound can be procured for one dollar, which quantity will make eight gallons of standard antiseptic solution. No staining; no odor; no smarting; a delightful medicated toilet preparation of a slight pink color. Dissolves readily in water.

Sod. bor., alumen, ac. carbol., glycerin, the cryst. principles of thyme, eucalyptus, gaultheria and mentha.

J. S. TYREE, CHEMIST, **WASHINGTON, D. C.**

The Medical College of Alabama,

MOBILE, ALABAMA.

Founded in 1859.

Medical Department of the University of Alabama.

The thirty-seventh annual course of instruction will begin October 7, 1902, and continue six calendar months. The course of study is strictly graded, embracing four terms of six months each, in four separate years. It includes a Department of Pharmacy, didactic and clinical lectures and demonstrations, supplemented by recitations and quizzes conducted by professors and special instructors and practical laboratory work in Chemistry, Pharmacy, Anatomy, Microscopy, Physiology, Histology, Pathology, Bacteriology and Operative Surgery.

The college building is large and commodious, and admirably adapted to the purposes of medical instruction. The several laboratories are admirably well appointed and equipped with the latest modern appliance, and afford ample and convenient facilities for the practical work exacted of students in the several departments to which they are devoted.

The rooms for Practical Anatomy are large, well lighted and ventilated, and the supply of material abundant. The medical and surgical clinics are held daily at the City Hospital and College Dispensary, where abundant clinical material is offered in every department of medicine and surgery.

The New Chemical Laboratory now being erected will not be surpassed by any similar structure in the south.

For further particulars and full information, write for catalogue, addressing

GEO. A. KETCHUM, M. D., Dean,

No. 7 N. Conception St., MOBILE, ALA.

rated in the following histories of cases, has proved an excellent remedy for the formation of blood. The preparation referred to is Pepto-Mangan (Gude). It contains iron and manganese in an organic combination with peptone, and is a clear fluid, resembling dark red wine, of an agreeable, non-metallic, non-astringent taste.

The advantage of this preparation is that it exerts a stimulating effect upon the blood-forming organs, these being excited to greater functional activity, and that the favorable effect manifests itself even within a short time by an increased oxygenation of the blood. At the same time, this chalybeate, as already mentioned, causes no digestive disturbances and does not injure the teeth.

In regard to the daily dose of iron, Quincke mantains that it should range from ¾ to 1½ grains of Fe. Most clinicians prescribe commonly 4 grains, which considerably exceeds the maximum dose recommended by Quincke. Some of them, like Niemayer and Trousseau, give even 7 grains of metallic irom daily; hence Pepto-Mangan (Gude) should be prescribed in doses of one tablespoonful three times daily for adults, and one teaspoonful twice daily for children up to twelve years after meals. Sour, fatty foods and red wine should be avoided during its administration. The preparation is much relished by all patients, and it is my custom to administer it to children in water, or, better, in cold milk with the addition of sugar, in which form it is very palatable.

After this brief introduction I will describe a number of cases which have been treated by me with Pepto-Mangan:

Case I.—Mary B., 16 years old, has complained since a week of general debility and lassitude. She is very pale and restless, has no appetite, and suffers from headache and a feeling of pressure in the stomach. She is constipated, and the menses are irregular. Diagnosis, chlorosis.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent.	Bodily Weight.	Therapy.
August 2.....	2,480,000	20	49.2	Pepto-Mangan (Gude) one tablespoonful three times daily.
August 9.....	3,212,000	25	50.	
August 16	4,020,000	30	50.5	
August 24	4,300,000	40	51.3	
September 2..	5,000,000	50	53.4	

After a week, the appetite was good, no headache; at the end of the second week, no further disturbances; menses not painful, and lasting only three days (formerly five days). After four weeks, the patient discharged cured.

Case II.—Anna H., 23 years old, has suffered for three years from chlorosis, with irregular menstruation, palpitation of the heart, a feeling of weakness, and occasional syncope. Physical examination showed the presence of anæmic murmurs over the heart, as well as a venous murmur; no fever or œdema.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent.	Bodily Weight.	Therapy.
August 4	3,750,000	35	55.5	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 29	4,010,000	60	57.8	
September 14	4,200,000	70	59.	

Appearance of menses after absence of 12 weeks; subjective disturbances have disappeared.

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Case III.—M. W., 16 years old, has suffered since a year from headaches, dyspnœa, tinnitus aurium, vertigo, and gastric disturbances. There was marked pallor of the face and of the mucous membranes; systolic murmurs over the mitral and pulmonary valves, with dilation of the heart. No fever; spleen not palpable. Diagnosis, severe chlorosis.

Date.	Red Blood Cells in Cubic Millmetre	Hæmoglobin per cent.	Bodily Weight.	Therapy.
August 5.....	2,250,000	25	52.5	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 13.....	3,200,000	30	53.5	
August 16.....	3,350,000	35	55.5	
August 23.....	3,530,000	40	56.5	
September 1...	4,250,000	45	58.	

The subjective symptoms rapidly subsided, the appetite improved, and the stools became regular. The menses reappeared in the second week of treatment after having been absent for a year.

Case IV.—M. P., 15 years old, Menses absent since one-half year; always scanty. Vicarious hæmorrhages from the nose. Since three months the patient has suffered from dyspnœa, vomiting, cardiac palpitation, general weakness, headaches, feeling of dullness, and sleeplessness. Physical examination reveals anæmic murmurs, moderate dilatation of the heart, venous murmur.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent.	Bodily Weight.	Therapy.
August 5.....	2,400,000	20	47.	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 10.....	3,600,000	25	47.5	
August 16.....	3,850,000	30	48.5	
August 23.....	4,250,000	35	49.0	
August 31.....	4,700,000	40	49.7	
September 7..	5,000,000	45	52.	
September 14	5,200,000	50	52.	

After the first week improvement set in; at the end of treatment disappearance of all disturbances. Increase of bodily weight, 12 pounds.

Case V.—J. K., 18 years old. Chlorosis. Anæmic murmurs, cardiac dilation, loss of appetite, insomnia, general lassitude, and headaches.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent.	Bodily Weight.	Therapy.
August 10.....	2,200,000	35	52.	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 24.....	3,000,000	45	55.	
September 12	3,300,000	60	57.	

At the end of the first week appetite vigorous; headaches had subsided. At the end of the fourth week no disturbance of any kind.

Case VI.—A. N., 19 years old, has suffered from chlorotic disorders since two years. Improvement occurred under a milk diet and a sojourn in the country. Since five months the patient again complains of disturbances: palpitation of the heart, lassitude, headache, vertigo, tinnitus, and constipation; anæmic murmurs and venous hum perceptible.

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Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent.	Bodily Weight.	Therapy.
August 17.....	4,500,000	25	53.5	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 25.....	4,100,000	30	54.	
August 31.....	4,000,000	35	54.5	
September 7..	3,950,000	40	56.	
September 22	4,200,000	45	57.5	

The subjective symptoms diminished after a few days. The disturbances disappeared, the apetite improved, and the stools became regular.

Case VII.—J. R., 20 years old, has suffered from chlorosis since two years. Status præsens: General lassitude, palpitation of the heart, a feeling of pressure in the stomach, difficulty in breathing; menses irregular as well as dysmenorrhœa. In the last three months all the disturbances have become more intense.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent.	Bodily Weight.	Therapy.
August 22.....	4,250,000	30	52.	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 26.....	4,350,000	35	52.5	
September 5...	5,420,000	40	53.5	
September 12	5,300,000	50	54.	
September 18	5,350,000	55	54.5	
September 27	5,300,000	60	55.5	

The disorders have disappeared, the appetite is good, and the bowels regular; no anæmic heart murmurs.

Case VIII.—L. N., 19 years old, complains of headaches, cardiac palpitation, vertigo; scanty menses.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent.	Bodily Weight.	Therapy.
August 28.....	2,500,000	40	54.	Pepto-Mangan (Gude), one tablespoonful three times daily.
September 13	3,750,000	55	55.5	
October 1.....	4,300,000	70	57.	

The subjective disorders have vanished; menses more abundant.

Case IX.—J. M., 16 years old, has suffered since two months from palpitation of the heart, dyspnœa, feeling of pressure in the stomach, vertigo, tinnitus and headaches. There is a slight cardiac palpitation, with systolic murmurs and a venous hum. Anorexia and constipation are present. The menses have been irregular since a year.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent.	Bodily Weight.	Therapy.
September 2..	4,500,000	35	50.	Pepto-Mangan (Gude), one tablespoonful three times daily.
September 11	4,750,000	40	50.5	
September 20	4,850,000	50	51.	
September 29.	4,950,000	55	52.	

Menses regular; bowels normal; no disturbances.

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Case X.—Z. F., 30 years old, had a miscarriage two weeks previously, with profuse hæmorrhage. After a month's treatment completely restored to health, and an increase of weight of four pounds.

Case XI.—A. N., six years old; rachitis and anæmia. Under treatment an increase of weight of two-thirds of a pound. Much better appearance.

Case XII.—J. W., 30 years old. Pulmonary tuberculosis and anæmia. After two weeks' administration of Pepto-Mangan (Gude), an increase in weight of two pounds and an increase in hæmoglobin of *fifteen* per cent.

Case XIII.—K. L., 50 years old. Cancer of stomach, cachexia, and anæmia. During three weeks' use of Pepto-Mangan (Gude) the patient felt better, the appetite had improved, and there was an increase of weight of two-thirds of a pound.

Case XIV.—A. B., 14 years old. Chlorosis; hæmoglobin 40 per cent. After two weeks' treatment, hæmoglobin 85 per cent.; disappearance of all disturbances.

Case XV.—F. K., 18 years old. Chlorosis; hæmoglobin 35 per cent.; after two weeks' treatment 50 per cent.

Case XVI.—E. J., 5 years old. Anæmia following scarlatina. After eight days' treatment with Pepto-Mangan (Gude) the patient developed a vigorous appetite, and recovered so rapidly that he could be discharged cured at the end of the second week.

Altogether, twenty-three cases of anæmia were treated with Pepto-Mangan (Gude), of which twelve showed a normal hæmoglobin per cent. of the blood after fourteen days, five after three weeks, and five after a month. On the other hand, one of the patients who had hereditary trouble (her father having suffered from pulmonary disease) was discharged only improved, the blood, after two months' treatment with Pepto-Mangan (Gude), showing only an increase of hæmoglobin to 75 per cent. This was probably a case of tuberculosis which simulated an obstinate or severe chlorosis at its beginning.

Furthermore, two cases of acute anæmia after profuse hæmorrhages were treated with Pepto-Mangan (Gude). A favorable result was obtained as early as the end of the first week. In one instance the patient felt so well that only the fear of further hæmorrhage constrained him to stay in bed for another week. In the case of three women who had miscarried during the early months of pregnancy, and were making a very slow recovery from the resulting anæmia, I was able to obtain a complete recovery after four weeks' administration of Pepto-Mangan (Gude). In six other instances of weakness and anæmia following acute and chronic disease (tuberculosis, carcinoma, scarlet fever, etc.), a disappearance of the feeling of weakness and a considerable improvement of the general health could be observed in every instance.

The histories cited above will afford conclusive evidence of high therapeutic value of Pepto-Mangan (Gude). Unpleasant concomitant effects and disagreeable sequelæ were *never* observed during the use of the remedy. Eructations, pressure in the stomach, and nausea were never noticed.

In conclusion I would say that Pepto-Mangan (Gude) is a valuable and reliable blood-building remedy, which can be recommended for general use in appropriate cases.

Mississippi Medical Record.

VOL. VI.] AUGUST, 1902. [NO. 8.

ORIGINAL CONTRIBUTIONS.

A CASE—HEMATOCELE AND THOSE DISEASES OF THE TESTICLES TO BE CONSIDERED IN MAKING A DIAGNOSIS.

BY B. B. MARTIN, M.D., VICKSBURG, MISS.

Mr. X. Age, 64 years; native, Ireland; occupation, laborer; weight, 165 pounds; pulse, 72; temp., normal; respiration, normal; general appearance, good; family history, good.

He has enjoyed good health, scarcely being sick a day in his life. His habits have always been good, using however alcoholics, but in moderation.

Just two years ago, he noticed, on rising in the morning that his testicles were slightly swolen, the one on the right being more marked than the left. As this caused no pain, he paid but little attention to it and continued his work. The swelling increased very slowly, he not being able to detect any difference from day to day, however the swelling continued to increase until three months ago when the tumor had reached such an enormous size that he suffered from the weight. After about thirty days of persuading from his family, he at last sought medical aid. A physician diagnosed the case Hydrocele and tapped the right side, as it was the larger of the two—instead of finding a transparent amber colored fluid, indentical in composition with the serum of the blood, that is so characteristic of hydrocele, blood followed the trocar; at once the physician saw his mistake.

When the writer saw the patient the scrotum was very much enlarged, extending over a third of the way to the knees, and very heavy. The tumor was very hard, and the

right side, which as above stated to be the largest, was also the most dense, feeling like a hard nodulated mass, with no fluctuation and on pressing posteriorly just below the middle of the scrotum, which is generally the position of the testis in hydrocele, but which may be pushed further back, no sickening sensation, characteristic of pressure upon the testis resulted. On the other hand the left side was not as nodular, slight fluctuation and the gland could be made out, no impulse on either side from coughing. During the whole examination the patient did not complain of pain, nor had he any pain at any time.

Differential Diagnosis. Both the needle and the translucency test were spared, and even if had been resorted to may not have confirmed a diagnosis, as Moullin states that he was on one occasion deceived by tapping a blood cyst in the centre of a sarcoma.

Diseases of the Testicles. That may bring about such conditions are as follows: *Acute and Chronic Orchitis*, *Tubercular Orchitis*, *Syphilitic Orchitis* (Syphilitic Sarcocele), and *Malignant diseases*, *Carcinoma*, *Sarcoma*, and then *Elephantiasis*, *Hernia*, *Hydrocele* and *Hematocele*. Now sifting down the diseases that may cause such tumor and getting to its true nature, we first take up ;

Acute Orchitis. It is usually caused by traumatism: metastasis in mumps. When acutely inflamed the testicle swells rapidly, but retains its normal oval form. The pain is dull and nauseating. The exudate which during the acute stage occupies the connective-tissue spaces between the seminiferous tubes, may break down and suppuration may follow in persons already in poor health and with feeble resistant powers.

Chronic Orchitis. Rarely follows an acute attack, but is more commonly the result of some constitutional infection. When it results from local causes it is characterized by a slow enlargement of the gland, with only moderate pain and with a loss of the testicular sensibility. If it continues for any length of time, atrophy of the gland is sure to result. Frequently the inflammatory exudate liquifies, the skin ulcerates, infection occurs, and the organ is riddled with sinuses or disappears almost completely.

Tubercular Orchitis. Usually occurs in patients between the ages of twenty and forty. There is often a family history of tubercular-disease. Late in the disease the whole gland becomes involved and undergoes caseous degeneration. Syphilitic Orchitis, also begins painlessly, but, as a rule, in the body of the gland, it is apt to be bilateral. It causes a dense, irregular, knotty induration, but not much increased in size. These phenomena, together with the history and the results of specific treatment, generally render its recognition easy.

Carcinoma. It is an exception to the rule when carcinomata develop most frequently after middle age. Of 67 cases collected at random, 51 were in persons under forty, and 24 appeared before the age of thirty.

The disease is usually unilateral, and begins in the form of one or more small nodules occupying the body of the gland and soon enlarging so as to involve the epididymis. The swelling is at first smooth and uniform, but as soon as the tunica albuginea breaks down it becomes irregular, with areas which are soft and fluctuating, and grows with increased rapidity. The veins of the scrotum are greatly enlarged; the skin becomes adherent and ulcerates; the growth reaches a large size, and is sometimes enormous; fungus protusions, consisting of granulations, and of sloughs of the connective-tissue and even of portions of the gland, make their appearance and bleed upon the least touch; the cord is thickened, and the inguinal and pelvic glands are involved. The general health soon fails, the patient becomes cachectic and amaciated, and death usually results in from one to two years after the first appearance of the growth.

Sarcoma of the testicle is found in all its forms. Several subdivisions have been made of certain of these sarcomatous growths, and have somewhat unnecessarily complicated the study of the pathology of the testis. As the different forms are of no special importance in this case, we overlook all, except the so-called,

Cystic Testicle, the "hydrated testicle" of Sir Astley Cooper, is probably almost always an early stage of sarcoma. It is of variable duration, but is often slow in its development and is attended with a gradual, painless, uniform en-

largement of the whole gland, which retains its oval shape, is smooth and elastic to the touch, and often fluctuates. It may reach an immense size. It resembles hydrocele or hematocele in form and general appearance, but is heavier than the former, is more ovoidal, and is opaque. From hematocele the diagnosis may be more difficult, and sometimes it can be made in the later stages of cystic disease only by recognition of the enlarged veins over the surface of the scrotum and by the general cachexia. In the earlier stages the introduction of a trocar will in either case often be followed by bleeding; but in hematocele the blood will be in greater quantity, and will be darker and altered in appearance. In these cases in which the contents of an old hematocele have undergone partial organization, leaving area containing fluid blood, the diagnosis may be practically impossible, but it is less important, as in both cases castration is indicated.

Elephantiasis of the Scrotum. Is a disease which is accompanied by an enormous hypertrophy of the subcutaneous connective-tissue, due probably to chronic inflammatory condition of the lymph.vessels, which, in its turn, may be produced by the presence in the blood of the filaria sanguinis hominis.

Inguinal Hernia. Is recognized by the history of the case, the impulse on coughing, the tympanitic note on percussion, and its reducibility. The intestine always returns with a gurgle. the swelling occupies the inguinal canal, and its upper limit cannot be reached. The testicle in the acquired variety is situated at the bottom of the sac, and the spermatic cord is obscured. There is always an impulse on coughing, even in an irreducible hernia. When the sac contains omentum it is dull on percussion, has a doughy, knotty feeling, and returns without a gurgle.

Hydrocele. The swelling begins at the lower portion of the scrotum, and is slow in developing; it is slightly pisiform, smooth, tense, and fluctuating; it is elastic on pressure, which does not alter the size of the swelling; it fluctuates distinctly, is dull on percussion, and is not accompanied by pain, redness, or other alteration in the skin. A peculiarity of hydrocele worthy of attention is that the

tumor, instead of hanging downward between the thighs, as in hernia, projects forward from the body, and, if pressed back, springs again to its original positions when released. The most characteristic symptom of hydrocele is its translucency.

Now taking up HEMATOCELE, the last disease in our list, which may cause a tumor of this kind. Strange as it may be, there is very little written on the subject, and some of the older literature does not acknowledge the disease at all. After a very careful research, I find that opinions differ widely as to the causes of hematocele. The only thing agreed upon by all, the old as well as the modern writers, is to the etiology.

Dennis discribes hematocele as follows: "It is the condition most likely to be mistaken for malignant disease." There should be, however, either a history of trauma with a growth developing in a time measured by hours or perhaps minutes, or a history of an old hydrocele (into the sac of which a hemorrhage may have occurred). Pain is an early symptom; the cord is not affected; the swelling does not enlarge continuously; it is less boggy and irregular than the later stage of malignant disease; testicular sensation is not so completely lost. Hematocele of the tunica vaginalis, the usual form of hematocele, is, as compared to hydrocele, extremely rare. As a result of puncture wounds or of rupture of the testis from violence it may appear as an acute blood effusion into a previously healthy tunica vaginalis; commonly it develops in a previously inflamed sac, after as a complication of hydrocele.

Dennis also claims the cause of hematocele to be traumatism; this need not be severe; often the increased blood-pressure incident to violent muscular strain is sufficient to cause rupture of the newly formed blood-vessels supplying a thickened and inflamed vaginal tunic.

Monod and Terrillon, hold that except in the acute traumatic variety of the affection this inflammation of the vaginal tunic is a condition essential to the development of hematocele, and that the blood effusion is simply a symptom of such inflammation; hence they term the condition chronic hemorrhagic vaginalitis. The vaginalitis is generally regarded as secondary to disease of the epididymis or testis.

Druitt says, hematocele is always the consequences of injury.

Miller: Always due to wound of the testicle, in tapping, or by a blow, or other external injury.

Trevis: Uusually the result of injury, but may occur spontaneously: in the latter case it is probably due to diseased vessels, or some changes in the inner surfaces of the tunic vaginalis.

Martin: Due either to traumatism or spontaneous rupture of diseased blood-vessels.

DaCosta: The result of traumatism, a tumor, or the tapping of a hydrocele.

American Text-book of Surgery: Hematocele is usually due to injury, but may be the result of disease affecting the inner surface of the membrane. It sometimes follows violent straining efforts.

Ericksen: Says, it is of two kinds, traumatic and spontaneous.

Yasselin: Suggests, there may be some delicate vessels in recent adhesion give way.

In hematocele, the blood, varying in quality from a few ounces to half a gallon, is of a dark brown color; or if some time has elapsed, of the color of coffee grounds, partly fluid and partly coagulated. In old cases it is occasionally organized, as in an aneurismal sac. The tunic may be natural, opaque and wrinkled, thickened and indurated, or soft and pulpy.

On the Source of Blood. A very common question with students is, as to the origin of the blood in these cases of hematocele, and in the spontaneous cases and those following a strain or injury with an apparently sound testis, this question is difficult to answer with certainty of accuracy. There can be little doubt, however, that a distinct rupture of some of the vessels, probably veins, which ramify upon the body of the testis, or on the tunica vaginalis, must have taken place. When occurring upon a hydrocele or after the operation of tapping, it is probably due to the distinct rupture or perforation of one of the large veins which ramify outside the tunica vaginalis, into its interior, or of one belonging to the body of the testis.

Scarpa relates a case of hematocele in which the spermatic artery was wounded, and *Sir A. Cooper* another in which a distinct rent in the tunic vaginalis was found on dissection.

Mr. Flowers (*Medical Times and Gazette*, vol. xvii, p. 109), describes a case. A man was brought into Guy's Hospital who had long had a hydrocele, and had received a severe blow upon it, which suddenly increased the swelling, bruised the scrotum, and produced great pain from distension. I immediately made an incision into it, and discharged a large quantity of H_2O and coagulated blood; and found a rent in the tunic vaginalis between one and two inches in length, and covered with a coagulum.

Mr. Curling (on the diseases of the testis), cites: "A gentleman, aged 79, on account of an attack of retention of urine from enlargement of the prostate gland. He had also on the left side a chronic vaginal hematocele, which had attained so large a size as to interfere with the introduction of the catheter. The tumor reached half-way down the thighs, and the penis was so completely buried in it that he was unable to reach the gland at the naval-like orifice in the integument to pass the catheter. He had no alternative, therefore, but to lay open the hematocele, from which three pints of dark grumous blood were discharged. The thickness of the sac prevented its collapsing after the incision. The patient died a week after the operation.

In a case of hematocele, described by *Bochard*, in a man, 51 years of age, the tumor extended into the abdomen, and was lost in the bottom of the left iliac fossa.

From the above, it can be seen that hematocele simulates malignant disease closer than any other.

Jacobson says the following points may be enumerated as of chief diagnostic value in malignant-disease. (1) Continuously progressing solid enlargement without inflammation; (2) unusual resistance of the swelling at different parts; (3) entire absence of translucency; (4) tendency to become adherent; (5) increasing aches or painfulness; (6) enlargement of the cord, and *a portion* of the lumbar glands. In doubtful cases additional information should be at once sought for by an antiseptic tapping or exploratory incision. The latter is preferable, as it gives more certain information, and is the

best treatment in those hematoceles which are liable to be mistaken for malignant-disease. Puncture of a malignant growth usually gives vent to blood-stained fluid, which is not large in amount, or to sero-mucous fluid which is not blood-stained. On puncture of a hematocele there usually escapes either grumous altered blood or fluid blood, which flows for some time, producing a distinct alteration in the size of the swelling.

Roberts and others claim to form a correct diagnosis of hematocele. The history of the case is most important, indeed, more so than the local symptoms, for it is certainly true that by the latter alone, in some instances, it is almost impossible to make out the true nature of the affection.

Signs and Symptoms.—Whether originating slowly or suddenly, presents a heavy, pisiform swelling in the scrotum, with its base downwards. The swelling is sometimes tense, and indistinctly fluctuating; the scrotum will be livid or ecchymosed, the veins over it unusually prominent. There may be a good deal of pain at first, wears off only to be succeeded by severe pain again should inflammatory mischief appear. It is opaque by transmitted light, gives to the exploring needle, disorganized blood.

The testicle in recent cases, and in those not attended by much thickening, is not materially altered, even though the blood accumulation be very large. In the cases corresponding to Tosselin's, third degree careful search may fail to find even a trace of the testis.

The testis may lie to the front, in which case it would almost certainly be wounded were the possibility of this position not considered before operation. Its location by the test of translucency is of course not possible; palpation will, however, usually elicit the peculiar testicular sensibility, thus showing the position of the gland. When there is general hyperasthesia of the whole tumor, this method of location is not serviceable. In such cases the incision should be made with extreme care.

General Treatment. In acute traumatic cases the scrotum should be elevated and wrapped in iced lead-water and laudanum. After the swelling has become stationary or has begun to subside, absorption of the blood may be favored by gentle and uniform compression, either by means

of a narrow elastic bandage or by strapping with adhesive plaster. If, in spite of these means, a hematocele is very large, is increasing in size, and is accompanied by heat, pain and oedema of the scrotum, it is well to make a longitudinal incision into the sac, evacuate its contents, irrigate the cavity, pack it with iodoform gauze, and dress antiseptically. If at this time disease of the testicle itself is discovered, or if there is a marked amount of inflammatory change in the tunic, accompanied by great pain and irritation, castration, with removal of the sac, is the most satisfactory treatment.

Having cited the numerous cases and the diseases the physician is confronted by in making a diagnosis of tumors of that region. By considering all diseases, and what symptoms possible, the writer was led to believe he was dealing with a case of hematocele and determined to operate at once.

Calomel was given on the preceding night, followed by Mag. Sulph. on the morning of the operation. Schlerich's Mixt. No. 2 was given and an incision was made on right side for hematocele. The tunica vaginalis was found to be about ¼ of an inch thick, the testicle was somewhat atrophied, the patient was castrated on this side, and the sac excised. The patient's respiration ceased and his pulse began to fail. His head was lowered and artificial respiration was practiced for a few moments.

The anesthetic was stopped, and the other side, which proved to be hydrocele, was operated upon under cocaine. Patient was returned to bed and given Strych. Sulph. 1-30 gr. every four hours. Three days after operation dressings were changed, orchitis found on the left side, due to the suspenssory having slipped and testicles being allowed to hang.

Patient's temperature stood about 100° F., was slightly delirious. Four days after change of dressings a small pocket of pus was found near the right inguinal region, this was thoroughly drained, but the patient continued delirious for some days after. Temperature reached normal about ten days from time of operation, remained so for two days when the character again showed 101 to 102 fever which ran for a week or more finally returning to normal and convalesence followed.

A UNIQUE CASE.

BY H. B. WILSON, M. D., VICKSBURG, MISS.

Mary ——, bright mulatto, aged 40, mother of three children, the youngest about grown. In July, 1901, she missed her regular monthly period, which was followed by other evidence of pregnancy. She had no trouble until the latter part of December, some six or seven months after conception. After this time she felt no quickening. In January she was taken with fever, pain in abdominal tumor, which lay somewhat to right side. From this time on she had occasional fever, pain and progressive emaciation. At times she was up, and did some work, but never well. From January 1st., to June 30th., 1902, she had been examined and treated by three physicians, none of whom gave her any relief whatever. She insisted all along that she was pregnant, to which opinion her physicians dissented. I was called to see this patient June 30th., 1902, nearly twelve months from date of conception. I found her nervous, temperature 101° F., pulse 120, weak and emaciated. She complained of pain in rectum, and since other physicians had failed to make any discoveries by vaginal route I concluded I would seek the trouble through another channel. She was greatly disgusted with things in general and especially with physicians, so after considerable persuasion I induced her to allow me to make a rectal examination. Upon the introduction of my finger into the rectum it came in immediate contact with a foreign substance that was entirely too large to be removed without an anesthetic.

I left the patient promising to return the following day. July 1st., patient very weak, pulse 130, temperature about the same as the previous day. The patient was placed upon the table and anesthetic (chloroform) administered by Mr. Ewing, interne at the State Charity Hospital, this city. A vaginal examination revealed a normal cervix, tumor, irregular in shape, easily outlined through the posterior vaginal wall. Assisted by Dr. H. H. Haralson, I dilated rectum and with one finger introduced, with a pair of dressing forceps removed several pieces of bone, flat and irregular in shape. The dressing forceps being too weak to withdraw the re-

maining portion of the substance, I introduced my hand into the rectum and after some difficulty withdrew the remaining portion of a dead fœtus, with cord and placenta. While we did not weigh it, we agreed that it would weigh some five or six pounds,—I am absolutely sure not less than five pounds. After thoroughly washing out the rectum we placed the patient on bed. In a few days she was clear of fever, had entire control of bowels and made an uninterrupted recovery. Some two weeks later we made an examination which revealed nothing. There was no recto-uterine sinus, so we could only conclude that it was a tubal pregnancy which had ruptured into the broad ligaments and later found its way into the rectum.

I have reported this case because of its extreme rarity. Others may have been reported but I have been unable to find a report of a single case of this kind.

ABSTRACTS AND EXTRACTS.

IN CHARGE OF E. F. HOWARD, B. S., M. D.

Summer Diarrhœa of Infants.

The *Medical News* (August 17, 1901) comments editorially on children's diarrhœas. The death rate is highest late in the summer, after the heat has weakened the resistive vitality. Water that may be quite harmless to adults or even children of a larger growth may well contain non-specific germs that will affect the sensitive stomach and bowels of delicate infants. No matter how healthful the water of a locality it should always be boiled for young children and should not be allowed to stand in open vessels before being used. Digestive disturbances in children are usually due to crude imperfections in diet or easily recognizable violations of sanitary regulations.

After the care of the child's food the most scrupulous care for its personal cleanliness constitutes the best safe-

guard against the development of gastro-intestinal disturbance.

At the meeting of the American Pediatric Society held in Boston in May Dr. Chapin of New York, said that "in considering the infant mortality from summer diarrhœa other factors besides the milk supply must be taken into account. While the bacteria in milk may play no part, it is plain that souring milk is bad for infants. It was pointed out that with the tearing up of the streets of New York for the subway the infant mortality has largely increased; local conditions must be attended to."—*American Medicine.*

Heiman (*Archives of Pediatrics*, June) says that all evidence points to an inseparable relation between bacteria and summer diarrhœa. The evidence is positive that several intestinal micro-organisms may become specifically pathogenic under certain abnormal conditions. It should, however, be borne in mind that there abound in the whole intestinal tract certain bacteria which possess a physiological action and aid digestion and absorbtion by splitting up the albuminous products into such bodies as indol, skatol and their allies.

In our present state of knowledge we cannot determine to what extent intestinal bacterial life is prejudicial or favorable to digestion or nutrition this fact cannot be determined definitely until we have succeeded in obtaining pure cultures of all varieties of intestinal bacteria, which are regarded as non-pathogenic, but which may acquire pathogenic properties.

Not all diarrhœas occurring in summer are due to bacteria or their toxic products. Many are due to the irritant effects of drugs, others to nervous conditions, some to mechanical causes.

The main factors in establishing a connection between summer diarrhœa and bacteria are predisposition due to low vitality, a pre-existing catarrhal condition of stomach or bowels or an altered state and relaxation of the mucous membrane, brought on by heat and humidity. Improper feeding and bad sanitation are important factors.

The diarrhœas of breast-fed children are due to disease or dietary indiscretions of the mother, to uncleanliness of her nipples or breasts, occasionally to uncleanliness of the baby's mouth and very often to overfeeding and the continuing of lactation through the second summer.

The *Journal of the American Medical Association*, July 5th., gives the following editorially:

"Recent contributions to the subject of summer diarrhœa in children show only unimportant additions to our knowledge, but they do serve good purpose in emphasizing

the preventable and curable characteristics of this common ailment which so greatly raises in summer the mortality rate of young children. The etiology involves conditions of both the seeds and soil. As Heiman says, humidity and heat seem to directly favor gastric and intestinal putrefactions without any single bacterium being responsible. These same atmospheric conditions quite generally give rise to another factor. Holt gives the most important predisposing cause as chronic indigestion arising from overfeeding, too frequent feeding, and habitual use of improper food.

Prophylaxis of the annual epidemic of children's diarrhœas involves problems of state medicine, public charities and hygiene. Sanitary surroundings for the poor, summer outings for the sake of pure air, beneficent control of the public food supply, especially of the milk supply—all these are needed for the prevention of this disease in our cities. Attention to cleanliness of the food containers and of the child itself, to proper outdoor life and proper feeding is especially needed everywhere at this season. Holt suggests the excellent rule of cutting down the food and increasing the amount of water, during the days of excessive heat. Young infants artificially fed should have each meal diminished at least one-third, making up the deficiency with boiled water. Also give water between meals. The knowledge that the disease is altogether preventable ought to stimulate effort in these various directions.

The disorder once set in is generally curable and some measures to that end may be classed as life-saving. Kerley says that since the contents of the intestinal tract and not the structure of the latter is at fault our clear indication is to remove immediately as much of the contents as is possible. Castor oil is best, or if there be vomiting, repeated doses of calomel—1-20 or 1-10 of a grain until 1 grain is taken, for a child one year old. Then give strict attention to the diet. In severe cases withdraw all food for 12 or 24 hours. In all cases forbid milk entirely; there is no use temporizing with diluted or sterilized milk; it is all a good culture medium for pathogenic bacteria. Give plenty of boiled water. The best substitute diet is carbohydrates, particularly barley and rice properly prepared. Egg albumin, which most pediatrists recommend, Kerley believes to be a possible cause of the fever which in many cases fed on is he has seen running high. He thinks that Hutchinson is correct in asserting that when there is fever the system is already flooded with the products of nitrogenous metabolism and that we should not add to this by our diet. Milk is gradually to be resumed only during convalescence. Cold sponging is the best remedy for the fever. If there are more than four or five

stools a day give subnitrate of bismuth, 10 to 20 grains every one or two hours. Use opium always with great caution and only if the diarrhœa is not controled in other ways. If the stools are frequent and have mucus or blood mixed with them, then it is best to irrigate the colon with normal saline solution from 70 to 110 F., according to whether an antipyretic or a stimulant is needed.

The above are the salient points which one should have well in mind for prevention and treatment. Details are best found in the various excellent works on diseases of children. For a general proposition, Kerley suggests that the most practicable way to reduce mortality from diarrhœal disease is to tell mothers to stop milk and give castor oil at once wherever there is any sign of diarrhœal trouble in children during hot weather.

Dr. Kerley (*N. Y. Medical Journal*, April 26,) in "*A Further Contribution to the Study of Summer Diarrhœa*" advises the withdrawal of milk "until the stools approximate the normal, which may mean a non-milk diet for from forty-eight hours to several weeks." He substitutes cereal water and gruels. Barley water is generally used: Robinson's barley flour, two tablespoonfuls to a pint of water; this is boiled 20 minutes, and water added so that there is one pint when the cooking is completed. Rice water, used in those cases that do not do well on barley water, is prepared by boiling two tablespoonfuls of rice to one pint of water for three hours, water being added so that there will be one pint when the three hours' cooking is completed. Additions in the form of liquid non-milk nourishment are added to change the taste and give the child a variation in the diet. A favorite mixture is 4 or 5 ounces of barley water and 1 or 2 ounces of broth. Brandy and whiskey, so frequently added to substitutes, should not be given to a child in this condition. White of an egg mixture he does not advise, as it so often passes unchanged into the intestines. Dextrinized gruels are advised when a stronger diet is necessary, and twice as much can be given this way. The substituted diet is allowed to be given at two-hour intervals, if the child will take and retain it in such quantity as he was accustomed to take of milk in health. Boiled water should be given, and at any time. In resuming the milk diet care must be taken that it is not done too suddenly. *Calomel* is advised in a case in which there is vomiting or a tendency thereto. *Castor oil* is given in acute septic cases with frequent stools and without stomach involvement. *Bismuth subnitrate* is to be given in all cases, not less than

10 grains every one or two of the waking hours, regardless of the age of the patient. When given in large amounts continuously, it is a drug of great value. To be of service it must produce black stools. The indications for *opium* are pain, tenesmus and frequent stools. In severe, or even in an average case, in which there is systemic poisoning, 4 or 5 passages a day are desirable and care must be taken not to stop the discharge too soon. The author thinks *irrigation of the colon* has been overdone. The patients which are benefited by the washing are those who have a moderate number of green mucus stools with or without blood; in short, the cases to be washed out are those in which there is something to be removed.

The Therapeutic Gazette, October 1901, abstracts an article by Blackada from the *Montreal Medical Journal* on the treatment of infantile diarrhœas. Blackader believes that the chief exciting cause of all infantile diarrhœas is the presence of some irritant in the intestinal canal, almost invariably of bacterial origin, and more or less poisonous in its systemic effects according to the particular form or forms of bacterial life concerned in its production. It is also to be remembered that at the commencement of the disorder, and for a variable time afterward, the *fons et origo mali* is limited to the contents of the gastrointestinal tract. Treatment based on an acceptance of the above would consist of a thorough clearing of the tract involved—both of irritating and poisonous material and of the pathogenic bacteria which develop in it—and of the withdrawal for some days of all food which would serve as a culture medium for such germs. As a non-irritating and prompt purgative castor oil is good. Calomel fulfills the same indications, has some slight antiseptic action, is easily given and is well retained by the stomach. If combined with sodium bicarbonate its sedative action on the gastric mucous membrane is increased.

If the systemic disturbance is severe it is desirable to wash out the colon with normal saline solution at a temperature of 95° to 98° F. In irrigating, the infants hips must be well elevated to favor the flow to the higher part of the canal. The reservoir should not be more than two feet above the level of the child, as too great rapidity or force of the inflow will stimulate premature contraction of the intestine with rejection of its contents before the water has penetrated a sufficient distance. Antiseptics in this solution are undesirable. Such an irrigation, if done effectually once or twice, need not be frequently repeated. Although by these measures we may secure the evacuation from the intestinal tract of almost all its contaminated contents, any attempt to administer food of any kind, but especially milk food, to the

infant, whose digestive powers have been temporarily paralyzed by the attack, can only result in such food remaining more or less undigested, and acting as a new culture medium for the development of a fresh crop of poisonous bacteria. The necessity of withholding milk food is further emphasized by the consideration that even under normal conditions the digestion of milk appears to be accomplished almost entirely in the small intestine, and not, as in the adult, chiefly in the acid, and therefore to some extent antiseptic, medium of the gastric juice. Especially is this true of cow's milk, the greater portion of which passes in a merely curdled condition from the stomach into the duodenum, where its gastric-acquired acidity is neutralized. Should the digestive secretions there be impaired in quality or quantity, and digestion proceed slowly, it becomes a culture medium for the development of any pathogenic organisms with which it may be infected. Clinically, it appears to be imperative that milk foods, and especially cow's milk, should be entirely interdicted during an attack, and its use is only to be cautiously resumed in convalescence in such small quantities as can be easily and promptly digested by the infant.

The author's experience corroborates that of a recent writer, who says: "The physician who wishes to do his full duty by the patient must stop the milk diet at once; it matters not whether the diet is breast milk or cow's milk, or whether the cow's milk is sterilized or not sterilized, it matters not whether the stools are frequent or infrequent, neither does the character of the stool cut any figure; as long as there is evidence of intestinal derangement the milk diet must be discontinued. It is useless to give laxatives and wash out the few bacteria and then feed milk to the hosts that remain."

At the onset of an attack withhold all food for twenty-four hours, permitting only water or a little weak spirits and water. A predigested or dextrinized gruel may then be given, in small quantity at first, and gradually increased in amount. The intervals between feedings should not be less than two hours. As the case improves a weak, partially predigested meat broth or essence may be added to the dietary; only such food, however, is to be permitted as we may feel certain will be absorbed rapidly and as completely as possible from the mucous membrane of either the stomach or upper portion of the small intestine.

The administration of drugs plays a secondary part. The carbonate or subnitrate of bismuth may be given in full doses—ten grains—every two or three hours. If the move-

ments are very frequent or very watery, paregoric may be given in small doses.

In those cases seen too late for full advantage of the above measures, distinct benefit has resulted from the use of high irrigations of a one-per-cent solution of tannic acid give twice a day.

Tepid baths and cold sponging are advantageous in cases associated with high temperature. Alcohol as a heart stimulant is of much value.

THERAPEUTICS.

To arrest the vomiting and purging in summer diarrhœa:

℞	Bismuth subnit - - -	℥iss
	Listerin - - - - -	℥ss
	Glycerin - - - - -	℥iss
	Mist. cretæ - - -	q. s. ad. ℥iiss

M. Sig.: Tablespoonful every two hours.

—*Memphis Medical Monthly.*

In diarrhœa incident to the "second summer:"

℞	Glyco-thymoline (Kress) - -	℥iv
	Tr. opii camph. - - - -	℥iss
	Aq. menth. pip. - -	q. s. ad. ℥iii

M. et Sig.: One tablespoonful every hour or less often as indications demand.

—*Southern Medical Journal.*

"Summer complaints of infants and children particularly, common in hot weather on account of the incurred liability of their food to fermentation and acidity, may be prevented by the careful use of an efficient and non-irritating antacid to such food before it sours; or by the prompt administration of such an antacid on the occurrence of the first symptoms of indigestion caused by such food—sour breath, nausea and vomiting. One of the most effective as well as the most eligible of antacids in such cases is Phillip's Milk of Magnesia. Being a hydrate it has the characteristic affinity for acids common to hydrates, while it is wholly devoid of carbon dioxide and hence, unlike any other form of magnesia, or other alkaline carbonates, does not distend or produce concretions in the gastro-intestinal tract. Given alone, besides its antacid properties, it is an efficient and painless aperient. It also combines advantageously with carminatives and antiseptics. With *Listerine* in particular, it forms an exceptionally acceptable and effective remedy in such requirements."—*Sanitarin.*

EDITORIAL.

H. H. HARALSON, M. D., EDITOR.

VICKSBURG, - - - MISSISSIPPI.

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SUMMER DIARRHŒA OF INFANTS.

The subject selected for the abstract column in this issue, Summer Diarrhœa of Infants, cannot but be of interest to everyone. Pediatrics as a specialty will never become so isolated that it will cease to be "the specialty of the general practitioner," certainly not in rural districts, so that we feel that no apology is needed for devoting so much space to it here.

Recent literature shows little addition to our information on the subject of infantile diarrhœas but, in the main, emphasizes most emphatically the preventable and curable characteristics of this scourge of early life. At this season of the year, the time of all others when infant mortality is great, it behooves us to note a few salient features.

As to etiology: Though diarrhœas due to other causes than infection by micro-organisms do occur, it is certain that if left to themselves and the babies' mothers bacterial infection will, in the majority of cases, take charge of the case. It is impossible in treating almost any given case of summer diarrhœa, particularly if it is of four or five days duration, to omit the consideration of bacterial infection. Heat, humidity, bad ventilation, bad water, impure feeding, excessive clothing, bad sanitary surroundings are all predisposing causes. Chapin has held that the tearing up of the streets of New York for the subway has largely increased local infantile mortality. The writer has recently seen a somewhat similar instance on a smaller scale. On a much-traveled and dusty road lying to the south of this city, twice after wind storms during which the dust made breathing almost unbearable there was, in a little settlement, a violent out-

break of infantile diarrhœa. These occurred at intervals of some three or four weeks, in children comparatively well cared for and healthy, and within forty-eight hours of the beginning of the wind. In both instances the majority of the cases recovered promptly, and in a large proportion these were the only serious illnesses of these children to date.

As to treatment there is one invariable rule—*Stop the milk.* Whatever else you do, whatever medicines you give, do not voluntarily cater to the commissariat of the enemy. It is only as a sporting proposition, as the fox or rabbit are allowed so many minutes "law" by the huntsman, that you can afford to offer the bacterial army so excellent a culture medium as milk. And we must impress upon the mother, and the grandmother, the reasons for this procedure and the necessity for its enforcement or we will find ourselves in the position of "Uncle Sam," who, before sending troops to suppress an Indian insurrection was accustomed to permit the traders to furnish the bucks with arms and ammunition.

The following taken from the Public Health Reports is of considerable interest:

Fourteen hundred and thirty-five cities and towns of the United States with a total population of 21,327,275 show a death list of 365,216, or a rate per thousand of 17.12. Eleven Mississippi town are included with a total population of 35,554, a death list of 502 and a rate per thousand 14.96. Below is given the tabulated report in so far as it concerns Mississippi:

Mortality Statistics of 1,435 Cities and Towns of the United States for the Year ending December 31, 1901.—[This table was compiled from answers received to circular letters sent to the cities (incorporated), towns and villages of the United States having a population of 1,000 or more. The cities, towns and villages responding have been entered herein. Attention is called to the two columns showing the annual mortality rate per 1,000 of the population, the one column being based on the estimated population and the other upon the population according to the United States Census of 1900.]

Cities or Towns.	Total deaths from all causes.	Population U. S. census of 1900.	Annual mortality per 1,000 of population, U. S. Census, 1900.	Estimated population.	Annual mortality per 1,000 of the estimated population.	Deaths from— Tuberculosis.	Smallpox.	Enteric Fever.	Measles.	Scarlet fever.	Diphtheria and memb. croup.	Whooping Cough.
Grand Total.....	365,261	21,327,275	17 12	22,726,178	16.07	41,938	1,199	7,432	1.553	3,325	8,447	1,990
Mississippi : Total.....	502	33,554	14.96	36,977	13.58	64	6	23	3	13	2	4
Corinth.....	61	3,661	16.66	3,800	16.35	7	.....	3	....	.....	.....	.....
Durant.....	18	1,766	10.19	1,800	10.00	2	.....	2	.....	.....	....	1
Gloster.....	5	1,661	3.01	2,000	2.50	.....	.....	...	.....	.....	.....	.. ..
Grenada.....	41	2,568	15.97	3,000	13.67	4	.....	....	.....	.....	.....	.....
Gulfport.....	11	1,060	10.38	2,000	5 50	.....	.....	1	. ..	.....	.....	.....
Hazlehurst.....	15	1,579	9.50	1,579	9.50	1	.....	2	.....	.....	1	.....
New Albany....	4	1,033	3.87	1,500	2.67	2	.....	....	.....	1	.....	.....
Senatobia	11	1,156	9.52	1,300	8.46	1	... :	1	.....	1	.....	3
Vicksburg.....	300	14,834	20.22	15,000	20.00	33	6	10	3	7	.....	
West Point....	12	3,193	3.76	4,000	3.00	5	.....	2	.....	4	1	.....
Woodville.....	24	1,043	23.00	1,000	24.00	6	.....	2	.....	.....	.....	.....

It is our pleasure to call the attention of our readers to the announcement of the Biloxi Sanitorium, at Biloxi, Miss. As most of us know Biloxi is one of the most healthful and pleasant little cities in the whole United States, besides being the third oldest, founded in 1699.

Several years ago, the editor of this journal in conjunction with Dr. Tackett, now of Meridian, opened a sanitorium in the same buildings and grounds now being utilized for that purpose by a company just organized of Biloxi residents.

This new company, which is incorporated, is composed of Dr. Folkes, Dr. Talbot, and Messrs. Lopez, Dukate, H. T. Howard, Judge J. H. Neville, Wm. Rudolf and others. All these gentlemen are well known and successful business men, a point which argues well for the business like management which very likely will prevail in the corporation.

We note that they have thorough and complete equipment of every kind to which when added the delightful breezes and balmy, dreamy air of old Biloxi should certainly make the well better and the sick well, if it be in power of man to accomplish it.

We bespeak for the new enterprise, the cordial co-opeation of the medical profession of the state, as we can vouch for the character and professional attainments of the medical men at the head of the institution.

Dr. W. A. Carnes, formerly of Kosciusko, this state, has removed to San Angelo, Texas, where he will give special attention to diseases of the throat and lungs of a tubercular character.

The removal of Dr. Carnes from this state will be greatly regretted by his many friends in the profession here, and they will not fail to remember him when sending their tubercular patients to a more congenial climate. Dr. Carnes is a man of splendid ability and can be relied upon to the fullest extent. Many patients are sent from this state annually on account of tubercular diseases, and we feel sure that a large percent of such patients going to the Texas climate will now be confided to the care of Dr. Carnes.

MEDICAL NEWS AND MISCELLANY.

The fifteenth annual meeting of the American Association of Orificial Surgeons will be held in Chicago, September 10th and 11th, 1902. A program is being made up of lectures and papers by the leading specialists and practitioners in rectal, genito-urinary and gynecological work, and in the treatment of all chronic diseases. The orificial surgeons are the workers in the great field of the reflexes and the profession generally is every day being brought closer to a realization of the fact that the reflexes play a most important part in the chronic manifestations of disease. Papers and discussions will cover the entire scope of the work, preparatory, operative and therapeutic, and the sessions will be of great benefit to all who attend. H. C. Aldrich, M.D., of Minneapolis, Minn., President. Ralph St.J. Berry, M. D., Secretary, Farmington, Minn.

Substitutors Steal Physician's Patents.

Incidentally, the Antikamnia Chemical Company is after "Counterfeiters" and "Substitutors" with a sharp stick. Their work in New York City is, no doubt, well known to our readers and they have now broken up a counterfeiting gang in New Orleans.

There cannot be two views on the subject of substitution. It is swindling, pure and simple. Antikamnia and Antikamnia Tablets are made only by The Antikamnia

Chemical Company, of St. Louis, Mo., and when a physician prescribes either Antikamnia Powdered or Tablets he means the products of that firm. If his patient does not get them, a fraud is perpetrated, not only upon The Antikamnia Chemical Company, but upon the physician and his sick patient for whom the medicine was intended.

In other words, the doctor's patient is taken out of the doctor's hands, transferred absolutely to the Substitutor's care and then given whatever remedy the substitutor thinks best. All this, irrespective of the doctor's diagnosis. In short, the treatment is in accordance with the "diagnosis" made by the substitutor. And as all substitutors are thoroughly saturated with avarice, greed and utter disregard of the most sacred rights of others, the fate of their victims can well be imagined. It is the purpose of The Antikamnia Chemical Company to expose and punish this crime wherever they locate it, and they have notified the trade that the least punishment "Substitutors" of this kind can expect, is exposure of their guilt.

Treatment of Pre-Senility.

Ferguson details a case of impotence following a prolonged attack of gonorrhæ. It was his third attack, and his virile power was almost lost and he suffered from frequent micturition. He had in addition orchitis on both sides. The case was peculiarly obstinate and many remedies had been used to no purpose. He had already exhausted the resources of several quacks. Sanmetto was prescribed in teaspoonful doses three times a day and improvement and recovery followed.

New York and Philadelphia. —*Medical News.*

Sanmetto in Genito-Urinary Irritations and Atonic Sexual Conditions.

I have used Sanmetto very extensively in my practice for years, and am daily more and more convinced of its intrinsic merit in all genito-urinary irritations and atonic sexual conditions. It is my sheet anchor in urethritis, cystitis and chronic prostatitis. I shall continue its use in cases where it is indicated, and also enlarge upon the field of its exhibition as circumstances may suggest, Sanmetto is all right.

Charlotte, Mich. Flavius J. Knight, M.D.

Sanmetto in Irritable and Atonic Conditions of the Genito-Urinary Organs.

I have used Sanmetto quite extensively in my practice for a number of years, and have learned from the universally good results obtained from its use to pin my faith to it in all irritable or atonic conditions of the genito-urinary organs. I find it the *true* aphrodisiac in both male and female patients. Since I have used Sanmetto prostatitis has lost much of its terrors and cystitis has ceased to be the grave disease it was before its use. I shall continue to prescribe Sanmetto.

Gallipolis, Ohio. F. A. Cromley, M.D.

At Saratoga Springs, N. Y., on June 9, was organized the National Association of United States Pension Examining Surgeons. On account of the large number of these surgeons and the peculiarities of their work, the desirability of such an organization has been felt for some time, and

Listerine

In

Summer Complaint



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several suggestions have been made with this end in view, but no substantial progress was made until the meeting at Saratoga Springs.

This was successful in every way. A large number of enthusiastic examining surgeons were present, a permanent organization was effected, and officers were elected for the coming year. Several interesting papers were presented and, by special invitation, Dr. J. F. Raub, Medical Referee, favored the association with a paper, full of invaluable suggestions concerning the work of the pension examining surgeons. This, by vote of the association, is to be printed and sent to examining surgeons the country over.

During the coming year a vigorous and earnest attempt is to be made to interest every pension examining surgeon in the United States in this organization, and to induce as many as possible to join it. Inasmuch as these number about 4,500, all picked men, it is evident that the association is probably destined to become an important factor in the medical life of America.

The officers elected for the ensuing year are: President, Wm. A. Howe, M.D., Phelps, N. Y.; Vice-Presidents, Wm. H. Hall, M.D., Saratoga Springs, N. Y.; Cyrus L. Stevens, M.D., Athens, Penn.; Charles James Fox, M.D., Willimantic,

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All members of Pension Examining Boards and all Expert Examiners are eligible for membership, and any such may become a member by sending his name and the dues for one year (one dollar) to the Treasurer, Charles H. Glidden, M.D., Little Falls, N. Y.

COMPLICATED ANÆMIA.

By T. J. BIGGS, M. D.

Ruth K——, age 14, American, admitted November 14th. Diagnosis: Essential anæmia.

The patient had been sent to me by Dr. B——, who said that in spite of all treatments employed, his little patient had grown steadily worse, and the parents were well-nigh discouraged. Her condition was associated with menstrual disorders; a year previous she said her disposition seemed to change. She found she was becoming morose and despondent, at times hysterical, and suffering very much from melancholy. Her menstrual order was of the menorrhagic form; her complexion was palid, waxy, skin puffy without œdema; she was easily fatigued upon the least exertion; the heart irritable; there was shortness of breath, pulse full, but soft, and at times pulsations in the peripheral veins. There was a disgust for food, imperfect digestion and occasional attacks of gastralgia. In the right apex there was a suspicious dullness, indicating a possible incipient phthisis. Examination of the blood showed a relative decrease in quality and quantity of the hæmoglobin, resulting in the blood being paler than normal. The red corpuscles were lighter in color and showed less tendency to form rouleaux; their character was changed, not being of uniform size, some normal, others small (microcytes), others usually large (macrocytes), others irregularly shaped (poikilocytes). The number of corpuscles to a cubic millimetre was about 2,500,500. The white corpuscles were considerably increased in number. A few granular bodies were present, indicating degeneration of the white corpuscles.

The patient was put to bed, secretions regulated, and a half teaspoonful of bovinine was ordered every hour in peptonized milk.

On November 18th, the bovinine was increased to a tablespoonful every two hours.

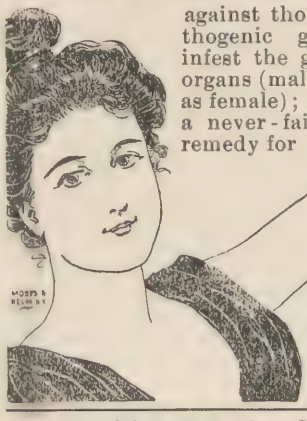
November 30th, the bovinine was increased to a wineglassful every two hours, given in peptonized milk, alternating with old port wine. The patient at this time showed some improvement, felt stronger, slept better, digestion seemed excellent, bowels regular, and she slept throughout the night quietly.

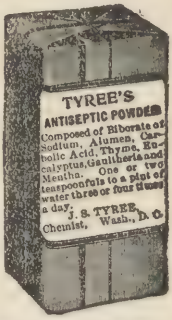
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December 10th, microscopic examination of the blood showed increased quantity and quality of hæmoglobin, and red blood cells 3,600,000 to the cubic millimetre.

December 18th, the patient had gained seven pounds in weight, color good, puffiness of the skin disappeared, and she was taking daily exercise in the open air without suffering fatigue.

December 24th, microscopic examination of the blood showed hæmoglobin almost normal, the red blood cells about 4,500,000 to the cubic millimetre, general condition splendid.

On December 26th, patient was discharged, cured.

The complete, thorough and rapid cure in this case was undoubtedly due to the blood treatment, for all through her course of treatment, outside of cathartics and some mild heart stimulant, she took absolutely nothing but bovinine. Bovinine acts in anæmia in all its forms by first stimulating the blood cells to a healthy proliferation, and secondly, by properly and thoroughly supplying perfect nutrition, carries them on to a full and healthy maturity. Iron in all its forms, while at first undoubtedly beneficial, can only go half way, for it simply stimulates the proliferation of the blood cells and supplies only partial nutrition, the result being that in the majority of cases where it is employed alone, many of the newly born cells, for lack of proper nutrition, atrophy, or become granular bodies.

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BY M. T. BIGGS, M. D.

Sound View Hospital, Stamford, Conn.

Mrs. T., age 47, American. Diagnosis, carcinoma of uterus. Entered hospital Oct. 10, 1901, in a greatly run down condition. She was put on an absolute bovinine diet, until Oct. 14th., when at one o'clock she was given a high rectal injection of bovinine and salt solution, three ounces of each, and at two o'clock, under ether anaesthesia, I performed an abdominal hysterectomy. Just before the uterus was detached from the vaginal wall, the patient showed considerable shock, and consequently the nurse was ordered to give her another high rectal injection of bovinine and salt solution, two oz. each. She responded to this beautifully. The operation was completed by the closure of the abdominal wound, the pelvis being drained through the vagina. Patient was put to bed with the pulse weak and 112. She was given another high rectal injection of bovinine and salt solution, three ounces of each. In twenty-five minutes she was conscious, pulse greatly improved, being 100, and full in character. *No nausea, thirst or vomiting.* The scond day the vagi-

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SOLOMON SOLIS COHEN, A.M., M.D.

Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; formerly Lecturer on Therapeutics at Dartmouth Medical College; Physician to the Philadelphia and Rush Hospitals, etc.
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nal drain was removed, the wound and the vagina treated by injections of bovinine pure, employed t. i. d. Previous to every injection of bovinine into the vagina, the cavity was washed out with borax solution. These injections were continued three times a day up to Oct. 16th., when twice in twenty-four hours was deemed sufficient. She was now allowed a high general diet together with bovinine. Oct. 24th., the stitches were removed and the abdominal wound found to be healed. From this time on her recovery was uninterrupted and she was discharged cured, Nov. 16th.

Blood for Babies.—In the course of the second year there comes a time when the milk diet begins to be insufficient for the growing child, and nature calls for a change, while yet the system is in many cases, unprepared for solid food. This kind of deadlock results in diarrhœa or constipation, anæma, restlessness, fretfulness, etc. In such cases the fit and radical remedy will be found in the administration of say ten drops of bovinine in a little milk, at intervals of three hours.

Little Robert Valverdie, a patient who came under my care in the condition of malutrition above described (after trying all the usual medical helps with no benefit), was immediately restored by the direct blood treatment. On the second day of taking bovinine, the constipation and other troubles began to be relieved, and on the third day all signs of ill health had disappeared as if by magic. This simple treatment was continued for three weeks, the child thriving beautifully.—Case reported by Dr. T. J. Biggs.

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Mississippi Medical Record.

VOL. VI.] SEPTEMBER, 1902. [NO. 9.

ORIGINAL CONTRIBUTIONS.

MAMARY CANCER: VARICOSE VEINS OF THE LEG: LARCOMA OF TESTICLE.

Clinical Lecture Delivered at the Kentucky School of Medicine Hospital.

BY WILLIAM L. RODMAN, A.M., M.D., OF PHILADELPHIA,

FORMERLY PROFESSOR OF SURGERY AND CLINICAL SURGERY IN THE KENTUCKY SCHOOL OF MEDICINE; SURGEON TO THE KENTUCKY SCHOOL OF MEDICINE HOSPITAL, ETC., LOUISVILLE, KENTUCKY.

GENTLEMEN: This patient, a female, aged twenty-seven years, you will remember had very extensive malignant disease of the mammary gland and was operated upon five weeks ago last Thursday. She leaves the hospital to-day for her home in Illinois, and therefore I bring her before you that you may see the wound as it now looks. This case is the most extensive one upon which I have ever operated; in fact it was a borderline case and the question arose whether or not it was operable. On account of the extreme physical and mental suffering, depression, etc., which existed, I decided that if she exhibited only slight amelioration from the operation we were not only justified but it was our duty to give her the chance that surgery offers these patients.

You will remember that we removed the entire gland, both pectoral muscles, part of the serratus muscle and cleaned out the axilla in a thorough way. I have never seen a more radical operation in my life. She has done well since the operation and the wound is granulating nicely. At one point the granulations are large and œdematous, but on the whole the wound looks exceptionally well, and her general health is greatly improved. There is still as you see, some œdema of

the arm; the size of the arm, however, is much less than it was two weeks ago. The entire axilla was cleaned out well up to the clavicle; all the space of Morenheim was cleaned not only of glands but everything except the nerves and blood vessels. The vessel was exposed in its entirety from the clavicle down to its insertion in the deltoid. The operation was performed practically according to the method of Halstead, though the incision was not made as he makes it. Of course we made no attempt to close this large wound entirely, but left it to granulate partly.

Case 2. The next patient is a man, aged about forty years, who has an extensive varicose condition of the veins of the lower left leg,—varicose veins of the leg. If you use the expression varicose veins unqualifiedly, you mean a varicose condition of the veins of the leg, because this is the most common of the varicosities of the body.

Now, this condition is one which we think requires operation. I have not time to go into the symtomatology and palliative treatment of this condition, but will speak of operative procedures as the patient is being sterilized and anesthetized.

For the ultimate cure of varicose veins of the leg many operations bave been suggested, but I shall only mention a few which I consider worthy of being brought before your notice. The older operations will not be detailed to you as they are of no practical value.

Where you have a varicose condition of the veins of the leg, you can follow the plan of Phelps, ligating the veins in from six to twelve places with cat gut or silk which has been thorougly sterilized, and in this way block up the venous channels; multiple ligation as it is called, a very good method of treatment beyond any doubt.

Another method of treatment is to take out a section of the veins at several points, upon the same principle that we take out a section of the pampiniform plexus in operating for varicocele. Take out a portion of the enlarged veins at many points, under the strictest aseptic precautions, and close up the wounds. That is an excellent way of treating varicosities.

Another, and perhaps a more popular method is to dissect out a large portion of the internal saphenous vein; we

have done that in this clinic and in our private work a number of times and like the operation very much. All cases so operated upon have done extremely well.

Another and newer method is the procedure known as the Schede operation, which I think is perhaps better than any of the others, although it is an operation which is not practiced in America to any extent. In brief the method is to take a knife or scalpel and make a cut all around the leg through the skin and cellular tissue down to the fascia covering the muscle, cutting everything as you go, then tieing everything that bleeds. In that way you can see you must cut all the enlarged veins, and they are blocked up by ligation, the return venous flow not being able to pass through these channels is forced into the deeper set of veins where the veins are supported by the muscles and where they never become varicosed on account of the mechanical support thus afforded.

We will perform the operation according to the method of Schede upon this patient. We do not throw a ligature around the leg above; I have never had occasion to do this although I have performed the operation frequently, and do not believe I have had a patient to lose more than two or three ounces of blood. You can see the veins when you cut them and can clamp them upon either side without trouble. I have never performed the operation with a tourniquet or Esmarch bandage, although this might be done if one is timid about hemorrhage.

Whichever one of these operations you do, whether it be the first mentioned, the multiple ligation of Phelps, or whether it be the circular operation of Schede, it must be done under the most stringent asceptic rules and precautions. These cases are peculiarly liable to be followed by septic phlebitis, which is a most serious thing, oftentimes resulting in pyemia; therefore always observe every possible aseptic precaution.

The patient now being ready for the operation, the leg having been carefully scrubbed and sterilized, you notice that with a scalpel I rapidly cut through the skin and cellular tissue down to the muscle. Having completed my incision entirely around the leg according to the method of Schede, we will now proceed to tie everything that bleeds with cat

gut ligatures, clamps having been previously applied to all bleeding points. This is a very simple operation when you come to think of it. I did three or four of these operations during my service at the clinic of the Medico-Chirurgical College, of Philadelphia, and in all of them had union by first intention and the results were good in every respect. Doctor Laws and myself did the operation here a year ago, the patient having been sent to us by a member of the class. He had a varicose condition of the veins of both legs; we did the ordinary excision on one leg, excising a large portion of the veins, and on the other we did the Schede operation. There was a most perfect result on both sides; but the one upon which we did the Schede operation healed quicker than the other and really seemed more satisfactory, although primary union was secured upon both sides and the cure has been perfect in every way. I am just reminded by Dr. Myers that I did three operations by the Schede method at the city hospital last year, all of which did well.

Now, you may say how does this cure the varicose condition? It is very plain. Anatomically we have two sets of veins in the leg, the superficial and the deep; if you block up the superficial set you force the blood back into the deeper set which are never varicosed because they are supported on either side by strong muscles. Therefore you will cure the varicosity by blocking up the superficial channels.

I remember a surgeon said to a patient upon whom I operated just before going to New York some time ago, that he would not operate on the varicose veins of the leg, because if he did and obliterated the superficial veins the deeper ones would become varicosed and the condition would return. This is impossible. I have never seen the condition return after excision or after operation by the Schede method and do not believe it probable.

In the last two cases I operated upon, each had a very large ulcer of the leg; in the two weeks time that the patients were kept in bed the ulcers healed entirely. You do not see that result after any other treatment. We used to treat these ulcers week after week, month after month, and practically year after year; we would get them healed by application of bandages, etc., down to perhaps the size of a ten cent piece, then the slightest blow or injury would make

them break out again. There is no other treatment that is satisfactory in my experience; applications, bandages, etc., etc., have all failed in their turn.

The operation has been completed, and you will see that the patient has not lost over two teaspoonfuls of blood. Why was that when we did not apply a tourniquet although we cut down to the muscle? It was due to the fact that we recognized the large veins and ligated them befor we cut them. We will dress the wound with plain gauze; everything has been kept perfectly asceptic. I do not put anything over the gauze, because I want it to keep the wound dry. I believe a dry wound is the best of all parasiticides, and most inimical to germ life. I do not put any cotton over the gauze; I want evaporation to go on so as to keep the wound dry. I use a liberal quantity of gauze through which the air will circulate and the wound will be kept dry; the discharges are not dammed up as they are when you prevent evaporation by putting on an abundance of cotton, and other dressings in general use. Most people still use cotton; I do not.

The only after treatment in this case will be to keep the leg slightly elevated and the patient will be kept in bed for a week or ten days. The present dressing will be left intact for a week.

Case 3. The next patient I am going to bring before you is one of extreme interest; a man aged thirty-two years, who has a tumor of the testicle which began three years ago. He now has a large tumor of the scrotum.

The history of the case is that a tumor of the right testicle appeared three years ago. The growth of the tumor was slow, and it was removed in November last. Now you see in the very short time between November and April—about five months—we have an enormous return of the growth; it has returned in loco, and you will remember that in speaking upon the subject yesterday I told you that this recurrence in loco was a most decided symptom of characteristic malignant growths in general. I also said to you that I would show this patient and predicted that the report of the microscopist would be sent in as a sarcoma. We believe in the utmost fairness in our dealings in this clinic; we are more willing to tell you of our differences than of our agree-

ments; more willing to tell you of our mistakes than of our successes, for you will often profit by our failures. Dr. Weidner has examined a specimen of this growth and has sent in a report which is somewhat in variance with what I predicted, and yet when I lecture upon the subject of enchondroma in a didactic way you will understand why we are practically standing side by side and there is no difference in our opinions at the present time. He reports that instead of its being a sarcoma, it is undoubtedly an enchondroma primarilly.

To offer a slight recapitulation: We have here the history of a tumor which began three years ago; it was removed in November, recurring almost at once, and now, five months after the original operation (which was to remove the testicle and tumor from the right side) we have an enormous growth which extends over both sides of the scrotum, above the pubes, well out into the thigh, and is deeply attached not only to the vessels and muscles in front, but almost over as far as the anterior superior spinous processes of the ilium. We furthermore have a tumor which is soft, seems to be fluctuating, and gives us this impression at several points. In fact, when I was first approached about this tumor I was told there were several fluctuating points about it, and it was a question whether or not there was a hydrocele in connection with it. You will recall what I said yesterday in regard to the apparent fluctuation of malignant tumors. I told you it was apparent only, that there was no fluid, that it was a marked characteristic of a certain malignant growth, and that growth was sarcoma. I have seen this time and again. I remember one case in particular where there was a large sarcoma of the neck, and fluctuation seemed to be so distinct that it looked to be reasonably sure there was fluid in the tumor, and so nearly every one thought, but the use of an aspirator needle at that time demonstrated that the sense of fluctuation was only apparent, and there was no fluid in the tumor. In this case we have the growth recurring speedily; it has not remained confined to its original site; we have it spreading over to the other side of the scrotum, over the pubes, crossing over the front almost reaching the anterior spine on the right side; and there is infiltrated tissue everywhere. What else can it be except a sarcoma? I am satisfied that it is a sarcoma, and think it is not hard to reconcile

the opinion of Dr. Weidner and myself. Why do I say that? I say it because, although it may have been an enchondroma primarily, and I doubt not that it was, for that is the most common of all benign growths of the testicle, yet we also know that enchondroma very speedily at times degenerates into malignant growth, and we know further that the most common degenerative change in an enchondroma is to a myxo-sarcoma. You will all recall the case of poor Mr. W., who has been before this clinic many times; he started out with a benign growth (multiple enchondromata) and was compelled in January last to submit to amputation of the arm for a sarcoma at the elbow joint; the growth was primarily benign but degenerated into round celled sarcoma and it became necessary to amputate his arm to save his life.

It is the one characteristic feature of enchondromata of of the testicle, of the breast and of the parotid gland to take on malignant changes. and wherever they occur, whether in the male or female, they should be carefully watched, as while this form of growth is originally benign it does not remain stable but undergoes degenerative changes in a short time in many cases, and this change is nearly always sarcomatous; therefore I say again that while Dr. Weidner is undoubtedly right in this case, and I have rarely found him any other way, and that the tumor submitted to him was shown to be an enchondroma, it develops now that the tumor has lasted three years which I did not know until to-day, knowing that the vast majority of tumors of the testicle are originally benign in character, I say that this growth is now a sarcoma and Dr. Weidner will say so when he next examines a specimen.

Now the question comes up, leaving the diagnosis out of account for the time being, is this case an operative one? I do not believe it is. I believe it impossible to remove all this growth unless we run the danger of opening the femoral vessels, and unless we remove the scrotum and ablate the tissues on a level with the abdomen. To remove this growth we would have to extirpate the entire scrotum, and the penis on a line with the abdomen, and then I believe we would not get it all out. You cannot possibly get beyond the proliferations of a growth like this, and I shall teach you to always be conservative in operating upon malignant growths. I shall

teach you that no matter how dangerous an operation may be primarily, that you are justified in undertaking it, and that the patient is justified in undergoing the dangers if there be at the end of the danger a reasonable hope of extirpating the entire growth, for if you can get beyond the limits of the disease you then have a fighting chance; but I shall teach you just as emphatically that where it is a physical impossibility to remove the entire malignant growth, you had better let it alone, because by incomplete operation you stimulate the remaining portion to an unwonted activity and life is destroyed sooner than if you had not started in with incomplete surgery.

I believe in most thorough operations, and, you have had this demonstrated to you time and again, but I do not believe in half way operations which simply extirpates part of the growth and stimulates the other portion to go on and destroy life sooner than would have been done if the surgeon had not stepped in.

Is there nothing, then, in this case, which promises a degree of success? I believe this is one of the most favorable cases I have ever seen for the use of the toxines; I have been using them for the last five years, and while I have never seen a case distinctly and permanently bettered by this treatment I believe this is one in which we have a good chance, and I am going to use the preparation to-day. I feel satisfied that the patient cannot be cured by surgery, and we have at least a good chance of bettering his condition by injection of the toxines.

I know not all of you will go into surgery when you leave this institution, and perhaps not all of you will have occasion to use the toxines for relief of malignant disease which has been proven inoperable, but a few words on the subject may not be uninteresting. This is what I call a favorable case for a trial of the toxines, because it is a sarcoma; the toxines seem to act in arresting the growth and ameliorating the effect of the sarcoma. It has no such effect upon carcinoma, therefore I have said nothing about the use of toxines in the case of malignant disease of the breast which has just left the hospital, because it is a beautiful illustration of what is known as scirhhus carcinoma. I have no faith in the use of toxines in any of the carcinomata, as I have seen it

fail repeatedly. It has been tried by my friend Dr. Coley, of New York, and others in a large number of cases. Few of the cases of cancer have been bettered by the use of toxines but there is an increased number of cures from its use in sarcomata, and this ought to be just the kind of a sarcoma in which it will have a beneficial effect. It is a sarcoma in the progressive stage; it is a sarcoma which is characterized by a preponderance of spindle rather than round cells; it has degenerated from an enchondroma; therefore I take it we will do this patient the best service by withholding the knife and injecting into the substance of the growth one minim at a time of the toxines which I show you, a preparation from the streptococcus erysipelatus and the bacillus prodigiosus. It is said to be a dangerous remedy and therefore is not to be used in a reckless way. I shall begin with one minim doses. I shall inject one minim at the most in the beginning, and shall furthermore inject it right into the substance of the tumor. For this purpose you must be sure to have a needle well sterilized; you must have the surface of the tumor sterilized; you must be careful that no septic material is introduced into the tumor, because it is not desirable to provoke too great inflammation in this tumor, and especially is it not desirable to introduce septic material, because while inflammation will sometimes cure benign growths beyond any doubt, for instance in an old fibroid tumor which has lasted twenty to thirty years you may get inflammation and as a result have sloughing and destruction of the fibroid, you will never see inflammation do malignant growths any good; on the contrary it stimulates their growth, causing them to develop more rapidly than they have ever done before. I have in a number of instances seen cases where the introduction of an hypodermic needle for diagnostic purposes caused malignant growth to develop so rapidly that you could almost see them grow. And this is in my judgment an objection to the injection of the toxine. I think it would be better to inject around the growth in some instances rather than into the center of it, but if you are careful to sterilize your needle and syringe as well as the surface of the tumor you will probably have no trouble. I have told you that you could take a hypodermic needle and draw into it pus, and then if you draw water through it as many as ten times you will find that it

still contains septic matter. The best way to sterilze the hypodermic syringe is to squirt boiling water through it for a few minutes; then to make sure that the needle itself is sterile it should be passed several times through an alcohol flame. I will follow this plan in the case before us and will then be certain that I will have a sterile needle and that no septic matter will be introduced into the tumor.

The next question that will arise in your minds is how does this remedy act? I will inject one minim of the toxine to-day, and while this seems a small quantity, its effect will be noticed in two or three hours; there will be produced at the site of the injection a little hard spot; then it will be followed by a very high fever, not unlike a severe malarial paroxysm. I shall repeat the injection day after to-morrow, then every second day, later perhaps every day if he appears to be doing well, and shall watch the effect upon the growth; if I see that it still develops then I may be disposed to continue the injections for a month or two, and it may be that this will prove a fortunate case, as this tumor may melt away as I have seen an enormous sarcoma of the neck do under injection of toxine not in my own practice but in the Cancer Hospital of New York. A case has been reported by Richardson, of Boston, where an enormous sarcoma of the abdominal wall was made to disappear by the injection of the toxines. Moullin, of London, has written a strong paper on the subject, and has reported some gratifying results. Coley, of New York, has added within the last twelve months two distinct successes, cases that have passed the two and three year limit, under the use of toxine injections. While I do not mean to say that the toxines have come to stay, as I believe the subject is still *sub judice*, we cannot say that they are valueless or failures except in the carcinomata, and we have the right to look upon them with a certain degree of hope in cases of inoperable sarcoma. As a matter of course where you can operate with the knife and extirpate all the sarcomatous growth, it would be foolish to waste any time injecting toxines; they are only intended for use in distinctly inoperable cases, and if by this means we can save one case in a thousand just that much good has been done.

There is a peculiar antagonism, it seems, between the poison of erysipelas and malignant disease. I had occasion

to speak of this to you when lecturing upon erysipelas; I told you that a man having a sarcoma was accidentally inoculated with erysipelas which resulted in cure of the malignant disease. Numerous experiments were afterwards made, and it was proved that the toxine of erysipelas was good treatment for inoperable malignant disease. The use of live germs seemed to be dangerous, therefore it has been thought best to use the toxine rather than the germ itself. I have shown you the fluid which we shall employ in this case.

You will remember that I spoke yesterday as to how common these enchondromata of the testicles were; I told you that enchondroma seemed to be a heteralgous or cartilagenous growth in the glanular tissue. You get a misplaced bit of cartilage,—you know the testicle is near the end of the vertebral column,—and it is easy to understand how a bit of cartilage left there is stimulated into life in future years by a blow upon the testicle or other causes which awakens it into new life.

I am really glad that this little seeming difference of opinion has come up between Professor Weidner and myself, and that time will clear it up and bring us absolutely side by side fully substantiating each other in every way, I have not the shadow of a doubt.

I have no doubt that this man has secondary sarcomatous deposits in other organs of the body, for instance in the liver. Sarcoma is not generalized by the lymphatic system but by the blood vessels, the blood current takes up the sarcomatous cells and may deposit them in any part of the body; therefore it is easy to understand, and you can demonstrate under the microscope, that these cells force their way into the interior of the blood vessel, and act as a thrombus, or the force from behind washes them along until arrested in some of the capillaries, resulting in the formation of secondary growths, and from the secondary growths, we may also have tertiary formations. This occurs in the vessels of the liver, the lungs, the brain, the kidneys; but especially in the lungs and liver. In the case before us I doubt if we could remove the disease by amputating the man in the middle, because I doubt not there are malignant deposits in the liver and lungs. This is why sarcoma, although the older authors called it a semi-malignant growth, is at times more malignant than carci-

noma, because cancer generalizes by the lymphatics and you know where to look for secondary effects of the disease: but sarcoma becomes generalized and is disseminated over the body by the blood current itself, and it is impossible in cases of sarcoma to foretell where secondary deposits have occurred.

ABSTRACTS AND EXTRACTS.

IN CHARGE OF E. F. HOWARD, B. S., M. D.

Infant Feeding.

Dr. Coit, *Archives of Pediatrics*, May, writes of The Progressive Principle in Rational Infant Feeding. Although thirty years have elapsed since the scientific study of this subject began, it is probably true that in no department of medicine is there so little general interest manifested. If fifty per cent. of the race are to be fed by artificial methods there is urgent need that every physician should be familiar with infant dietetics, milk modification, and the adaptation of suitable mixtures to the individual case.

The average doctor looks upon scientific infant feeding as a gigantic undertaking, carries in his pocket a recipe for a recommended milk mixture which he offers to every infant of every age or stage of development and, in the event of failure, concludes that the child cannot take milk and descends to some one of the horde of manufactured substitutes.

Market milk is not a constant quantity. Its variations in milk fat are wide, and since constancy of fat in the cream to be employed is essential the physician must adopt some method by which he can obtain and determine in the milk a uniform standard for his modifications. By some plan of systematic chemical reports for a given supply the physician should be able to get his standards of super-fatted milk and the materials should be obtained with the least possible disturbance of their proximate principles, especially the milk fat, since violent mechanical agitation of the milk is detrimental to it.

The main point to be insisted upon is the known composition of the standard materials, the percentage composi-

tion of fats and sugars being sufficient for most practical purposes.

The merits of any system of modification depend upon its treatment of the constituents of the finished food, its percentage adjustment, its flexibility, the readiness with which physicians adopt and employ it and the ease with which its scientific terms may be converted into simple ones.

It must be remembered that the baby, sick or well, is a fixed quantity for the time being only. It requires change in its food from time to time. Therefore the patient should be seen at intervals unless some provision is made for advancing the food.

Formulæ are added, illustrating how percentage calculations may be worked out and a progressive series be written.

Dr. Freeman, *American Medicine*, May 3, gives the following points on determining percentages of milk in home modification: Good commercial milk ordinarily contains about 4 per cent. each of fat, sugar and proteid. The cream that forms on milk that has stood twelve hours contains about 16 per cent. fat.

Having determined the ratio between fat and proteid desired in the food (whether in equal quantities, or two, three or four to one) the formula is written with this in view. If in equal quantities, cow's milk suits the case, needing only dilution if less percentage of fat and proteid is desired. If he wants four times as much fat as proteid, it is evident that the 16 per cent. cream, properly diluted, will furnish him the required proportions. For a proportion of three to one between fat and proteid a 12 per cent. cream is produced by mixing 2 parts of 16 per cent. cream and 1 part of milk; and for a proportion of two to one, an 8 per cent. cream is produced by mixing 1 part cream and 2 parts milk. He summarizes as follows:

"1. After having decided on the number of feedings for the twenty-four hours, the amount to be given at each feeding, and the formula of the food required, first determine the desired relation between the amounts of fats and proteids, and obtain a cream or milk in which these constituents exist in that proportion.

"2. Dilute this cream or milk with the reqired amount of water.

"3. Determine the percentage of sugar required for twenty-four hours' feeding and order the same in packages containing the required amount.

"4. If lime water is added, the amount so added must be deducted from the amount of water used."

Visanska (*Pediatrics*, Feb. 15) in the artificial feeding of infants considers the three most important factors to be

1st. The quantity of the food,
2nd. The quality of the food, and
3rd. The individual peculiarities of the child.

One of the most frequent mistakes is that of giving a much greater quantity of food than is necessary.

The nearer the food resembles mother's milk the more apt it is to agree with the child. The milk should be fresh, should be delivered in bottles, not cans, and should be filtered. The child's milk should be scaled to suit its weight, not its age.

The *Philadelphia Medical Journal*, February 22, abstracts the following from *Archives de Medecine des enfants*: "Spolverini considers two principles fundamental in artificial feeding, sterilizing the milk, and making its composition as near mother's milk as possible. During his investigations several soluble ferments were found in milk, such as the tripsinic, pepsinic, amylolytic, hydrating, lipasic, oxydasic, and glycolytic ferments, the first two of which are always present in the milk of man and animals, while the presence and amount of the others varies. Asses' milk comes nearest to human milk in composition. These soluble ferments are destroyed by heat. His other experiments seem to show that the animal ferments are excreted by the mammary gland, and this can be caused by the ingestion of vegetable ferments. He concludes that many cases of infantile dyspepsia and atrophy are due to the lack of zymases in milk. Therefore care should be taken to see that the soluble ferments of human milk are present in humanized milk."

And the following from the *British Medical Journal*: "There is no solid evidence to show that milk raised to its boiling point or to the temperature of boiling water for 10 minutes or a quarter of an hour suffers any diminution of its nutrient qualities. Neither is it probable that, if consumed within 24 hours of the heating, it will cause infantile scurvy. The same is true of Pasteurized milk heated to 80° or 85° C. None of these methods render the milk absolutly sterile, but they do kill the majority of pathogenic micro-organisms and if the milk is kept cool and drunk within 12 hours of the heating, few or no spores will have developed into bacilli. Pasteurization is probably less reliable than heating to 212° F. for 10 minutes and is also more difficult to carry out. In time of epidemic summer diarrhea the heating should be prolonged for at least half an hour and the milk drunk within a few hours or subjected again to the process, as the

spores of the bacillus sporogenes enteritidis are very resistant. Under all circumstances milk, whether raw or sterilized, should be drunk as fresh as possible and then the liability to gastro-enteritis and nutritional diseases will be diminished. It is Ransom's emphatic opinion that infants, who live wholly or mainly on milk as at present supplied, should never be exposed to the dangers lurking in the raw fluid. Nothing in the paper is intended by the author to detract from the paramount importance of children being suckled by their mothers for the first 7 or 8 months of their lives; or from the equally vital matter of securing a pure milk supply from healthy cows, hygienic stables and dairies, and clean milk cans."

The *New York Medical Journal* of May 10th, abstracts the following from the *Jahrbuch fur Vinderheilvunde*: Buttermilk, which was used as a food for infants in Holland as early as 1770, is very inexpensive. Teixeira de Mattos has used it for years with success, preparing it by the addition of rice and barley, heating it for 25 minutes, and then adding beet sugar. This is well shaken up before giving it to the child. 15 case-histories are reported in full, showing both a marked gain in weight and the absence of all symptoms of indigestion. Acute and chronic gastro-enteritis disappear and rachitis is seldom seen. The lactic acid of buttermilk does no harm and but very little free hydrochloric acid results. No case of infantile scurvy has ever appeared in infants taking buttermilk. This, however, is not indicated during the first month of life. Vomiting grows less or stops entirely, and diarrhea is never caused by it. When constipation exists, or the child ceases to gain in weight, cow's milk may be added to the buttermilk, increasing it daily. The indications for the use of buttermilk are poverty, many attempts to find a milk which will agree with the child, and any doubtful case which is not thriving on the breast from some unknown cause. Tables are given to show that an infant upon buttermilk does as well as one on the breast; that too much buttermilk causes no symptoms; and the feces passed show no relation to the food ingested. While colon bacilli were not found, lactic acid bacilli were present in the feces. The more acid the buttermilk, the more alkaline were the stools."

The *Medical News*, May 10, gives an editorial warning on "Infant Feeding and the Second Summer. The popular belief that represents the second summer as so lamentably fruitful in infant mortality is too well grounded in sad experience for its warning to be neglected. Notwithstanding the advances made in scientific infant-feeding during recent years,

and the consequent reduction of the infantile death-rate in our large cities in the hot weather, the second summer still maintains its unenviable reputation.

The change in diet that is necessitated about the beginning of the second year of child-life almost inevitably brings digestive disturbances in its train and these provide the foundations for pathological changes which the exhaustion of summer heat and its accompanying infectious material find a ready support for mortal ailments. To delay the employment of mixed diet, on the other hand by, an exclusive milk feeding until the dreaded second summer is past, is to run quite as serious a risk of lowering the child's resistive vitality by insufficient nutriment and, while avoiding the Charybdis of gastrointeric affections, to run into the Scylla of constitutional malnutrition.

It is evident that the dangers of the second summer must be avoided by prophylaxis of the gastro-enteric disturbances that are the root of its evils rather than by a dangerous simplification of diet. To be effective the prophylactic measures must begin, not when the child is already ailing, and not during the heated term itself, but when the first warm weather begins to be felt in the early part of May. The development of the molars—the true grinding teeth—during the second year shows nature's evident intention of providing the means for the proper preparation of mixed diet. There seems to be little question that after milk the first article added to the diet list should be some form of cereal. If for three or four months at the end of the first year of life some form of cereal gruel has been added to the milk the transition to a mixed diet is much easier than it would otherwise be. As to what the cereal shall be seems to be a matter of indifference, for healthy children, although barley in some form seems to agree with more children than almost any other cereal. When by inheritance and habit, children are of constipated tendency, oatmeal seems a better grain to begin with. When there are any signs of loose bowels, it must, however, be stopped at once and one of the blander cereals must be substituted—barley or wheat, or even corn in the form of hominy, although there are many children with an idiosyncrasy against corn in any form.

The most serious objections to the use of cereals in infant feeding at the end of the first and the beginning of the second year is undoubtedly the present-day tendency not to cook grain in any form sufficiently before eaten. Our grandmothers knew that oatmeal or corn meal, or hominy had to be cooked for hours in order to be thoroughly digestible. The modern cook finds such slow cooking entirely too bothersome. As Dr. Holt said at the April meeting of the Pedi-

atric Section of the New York Academy of Medicine (see *Medical News*, p. 808) no cook in New York gets up in time to cook a cereal properly for a child's breakfast and so this part of the meal must always be prepared over night. We are deluged with prepared cereal foods of various kinds at the present time. All of them are of about equal value, but nearly all of them make the mistake of advertising that they need much less time for their preparation for the table than is really the case. It would seem a good rule to multiply the time given in the directions by three whenever a cereal is to be prepared for children's use.

After cereals, other starch products such as bread and potatoes are useful, but require special directions if they are not to prove irritating. Children are often encouraged in the practice of eating the soft centre of bread and leaving the crust. Needless to say this is just the opposite of the practice that should be encouraged. Bread should be given mainly as crusts, or so stale or toasted that considerable chewing is necessary. The saliva means too much for the digestion of wheat starch for this rule to be neglected with impunity. With regard to potatoes it is doubtful if any form of preparation that uses only the heat of boiling water ever makes them readily digestible. Baking is done at a temperature nearly 200° above the boiling-point and this produces a bursting and alteration of the potato starch granules that make them comparatively easy of digestion even by the child's digestive juices. When only boiling-water is employed most of the starch remains enclosed in an impermeable envelope of cellulose material. The green vegetables, such as spinach, are of use particularly for anemic children, but must be very carefully prepared and thoroughly screened.

As a matter of fact the source of many digestive disturbances to which later serious summer complaints are added is to be found in allowed indiscretions of diet. Concentrated sweets, uncooked fruit, apples, plums, bananas and the like, are always dangerous, no matter how apparently healthy the child may be. Table food of various kinds not especially prepared for children is another source of danger. If the original digestive disturbance can be avoided the serious, even fatal, gastro-enteritis will not develop. At the first sign of gastric trouble the diet must be limited. The sick child must not be tempted to eat; above all dainties must not be provided to stimulate the protectively lowered appetite and the whimpering of the child for some forbidden article of diet that, because of the caprices of a diseased appetite, it craves, must not be indiscreetly satisfied. If good habits in these matters be formed in May and June, July and August will lack many of their wonted dangers during the dreaded second summer."

THERAPEUTICS.

The following method of calculating proportions for artificial food for infants, devised by Dr. Bauer of New York, is given in an article by Dr. Griffith in *American Medicine*, May 3rd :

Let Q = total quantity food for 24 hours.
C = " " cream required
M = " " milk "
W = " " water "
S = " " milk sugar required
Let F = fat percentage desired.
P = proteid " "
L = milk sugar "

This gives us four equations to work with :

$C\ (20\ \text{per cent}) = \frac{Q \times (F-P)}{16}$

$M = \frac{Q \times P}{4} - C$

$W = Q - (C \times M)$

$S = \frac{Q \times (L-P)}{100}$

Suppose we wish to give a baby 8 bottles a day, containing 5 oz. each. Then $Q = 5 \times 8 = 40$.

If we want a formula containing fat 3 per cent., proteids 1 per cent., lactose 6 per cent., having a 20 per cent. cream to work with, we have by substitution :

I Cream $= \frac{40 \times (3-1)}{16} = \frac{40 \times 2}{16} = \frac{80}{16} = 5$ oz.
II Milk $= \frac{40 \times 1}{4} - 5 = 10-5 = 5$ oz.
III Water $= 40 - (5 \times 5) = 40-10 = 30$ oz.
IV Sugar $= \frac{40 \times (6-1)}{100} = \frac{40 \times 5}{100} = \frac{200}{100} = 2$ oz.

It is customary to render this alkaline by making 5 per cent. or 10 per cent. of the total volume to consist of lime water. 5 per cent of 40 oz. = 2 oz. Our completed formula will then be :

Cream - - -	5 oz.
Milk - - - -	5 oz.
Water - - -	28 oz.
Lime Water - - -	$\frac{2 \text{ oz.}}{40 \text{ oz.}}$
Milk Sugar - - -	2 oz.

The denominator in equation I is always four less than the percentage of cream employed.

EDITORIAL.

H. H. HARALSON, M. D., EDITOR.

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YELLOW FEVER AND MOSQUITOES.

In an interesting article entitled, "Are Vessels Infected With Yellow Fever? Some Personal Observation." by Surgeon H. R. Carter of the Marine Hospital, he says: "I will promise here that I accept without reservation the conveyance of yellow fever by an infected mosquito of a certain kind, and that to me a vessel "infected" with yellow fever is simply one which is harboring these infected mosquitoes. Whether they came aboard already infected or, being aboard, become infected by feeding on cases of yellow fever developing aboard ship but contracted ashore, can in general be determined from the history of the spread of the infection. Indeed it was primarily the history of these and other ships which led to the (tentative) formulating of the laws of the "interval between the infecting and secondary" cases of yellow fever and the "period of extrinsic incubation of places" of that disease, which, and much else are so clearly explained by the conveyance by a mosquito host."

Surgeon Carter, as I have before said, probably has more practical knowledge of yellow fever than any man in the United States, and this statement coming from him, means much to sanitarians everywhere. Surgeon Carter is scientific, practical and conservative, and enjoys the confidence, to the fullest, of the people and the profession.

Surgeon Carter states that there are two methods by which vessels can become infected. (*a*) A case of yellow fever contracted elsewhere may develop aboard a vessel already harboring stegomyia mosquitoes which become contaminated from it. (*b*) The stegomyia mosquitoes may come aboard already contaminated." This being true I cannot see the neces-

sity of quarantining vessels at all, but only a detention of the crew when the crew is non-immune. I believe the Marine Hospital Service will soon make their regulations according to the principles laid down by Surgeon Carter and when it does those State Boards in charge of certain quarantine stations will follow the lead of that service. I can understand why the Louisianna State Board did not take this step last spring in making their quarantine rules and regulations. The profession has been divided upon the subject and the people at that time had not fully accepted the mosquito theory of the conveyance of yellow fever and to avoid criticism they continued their old quarantine rules and regulations. Now since the theory is so generally accepted by the people and the profession it is to be hoped that this and other boards in the Southern states will do the right thing and remove this expensive and annoying embargo from the commerce of the South.

THEORY AND OBSERVATION IN MEDICINE.

The Journal of the American Medical Association contains the following editorial under the above title and it strikes us with so much force that we reproduce it in full:

"The medical literature of this country, and for that matter of other countries also, consists of both the chaff and the wheat. Much of what is written is a mere repetition of previous work, much is pure speculation and the application of writers' theories and fads to medical subjects. A certain proportion only consists of original observations, and it is from this that our modicum of progress every year in medicine comes. This state of affairs would be discouraging, only that it is not true in medicine alone. In every science there is the complaint of the amount of writing done for the little advance gained. In every field of thought supposedly brilliant theories usurp the place of patient investigation. Any number of mare's nests are found and exploited every year. Hence despite the acknowledged value of scientific investigation, the popularity of the expression used by Amiel in the *Journal Intime;* 'Science is a lucid madness occupied in tabulating its own hallucinations.'

Theories fall and others rise perennially to take their places. The most striking feature in the history of medicine is the successive adoption of every new hypotheses to accord with the scientific fad that is most prominent at the moment. Just a century ago almost to the year the great French physicist and physician Cabanis said in a review of the medical theories of his time that 'every age has its peculiar taste and fashion. At different periods medicine has assumed the tone of the prevailing sciences. It has been endeavored to speak their language and to subject itself to the same rules so that it has passed successively through all the different systems that have acquired any degree of celebrity in the world.'

Cabanis' declaration is literally true. After Newton's discovery there was a iatro-mathematical period in medicine, especially noteworthy in England, when the reduction of therapeutics to an exact science through mathematical principles was the constant effort of the theorist. When Leibnitz ruled the world of European thought there was a period of iatro-philosophic speculation when metaphysics seemed to promise much for medicine. After the rising science of chemistry began to make itself felt, all vital reactions were explained on chemical grounds and the horizon of medicine seemed surely bounded by chemical principles. On the other hand, when physics began their notable evolution at the beginning of the present century, mechanical theories of life became predominant and therapeutics took on a physical character. It is not surprising, then, to find that the marvelous development of electricity and the successful elucidation of chemistry of the carbon compounds should give us in our day a crop of theories as to life and health, each with a modicum of truth perhaps, but advanced as if they represented the whole field of vital activity and pointed to the only methods proper for the correction of its faults. It would not be surprising either to find that these theories so elaborately would prove of as little practical value as have so many other medical echoes of current scientific thought in the history of medicine.

As a matter of fact the great mass of theorists in medicine have done little for science, but act as a brake on the wheels of progress. A distinguished medical professor of

Bologna, when he heard that Harvey advanced as a proof of the circulation of the blood the fact that one could hear the heart beat, is said to have said: "Harvey may hear the heart beat in London but we do not in Bologna." Engaged in his theoretic speculations he never even took the trouble to listen. When Auenbrugger made his demonstration of the value of percussion he practically dedicated his little book on the subject, the first important contribution to the modern science of diagnosis, to his master, Van Swieten, the head of the medical clinic in Vienna. Van Swieten wrote ten volumes of commentaries on medical subjects, two of them mainly concerned with thoracic disease, without even deigning to mention the great work of his pupil. Laennec fared some better, but received not nearly the honor that went to his contemporary, Broussais the theorist, whose work, though not without its merits in a certain way, probably did more harm than good. Even in our own time Koch received all the honor at the Tenth International Medical Congress in Berlin, in 1891, while Ramon y Cajal, who brought with him to the Congress his original demonstrations in brain anatomy that have since made him so famous, attracted no attention outside a narrow circle of nerve specialists.

It would be a priceless boon to medicine if the lesson could be learned that not brilliant speculation nor theories, however suggestive they may seem, are so much wanted as patient, painstaking observation. There are any number of subjects in which discoveries lie almost invitingly ready to be made. Within a few years a hospital interne, Dr. Head, has given us one of the most important series of clinical observations made in half a century by a careful investigation of the superficial skin areas that are affected sympathetically when pathological conditions develop in internal organs. Opportunities for original work are not lacking for those who seek them. Expensive laboratory equipments are by no means necessary. A wise German physician said not long ago: "The gun does not make the marksman, nor the laboratory the investigator.' What is needed is patience and good will with the perseverance to follow up a subject until legitimate, practical conclusions are reached."

BOOK REVIEWS.

The Practical Medicine Series of Year Books. Comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume Nine: Physiology, Pathology, Bacteriology, Anatomy. Pathology edited by W. A. Evans, M.S., M.D., Professor of Pathology, College of Physicians and Surgeons, Chicago. Bacteriology edited by Adolph Gehrman, M.D., Professor of Bacteriology, College of Physicians and Surgeons, Chicago. August, 1902. Chicago: The Year Book Publishers, 40 Dearborn street. Price of series $7.50.

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MEDICAL NEWS AND MISCELLANY.

Cases in Hæmatherapy from Sound View Hospital.

BY T. J. BIGGS, M. D. STAMFORD, CONN.

CASE I. SKIN-GRAFTING WITH CALLUS SHAVINGS, IN BLOOD.

Mary M.; age 60 years; Irish. Diagnosis. Ulcer of Leg. Patient admitted to Hospital, March 3, 1902. She had a large variscose ulcer situated over the tibia, about 3½ by 2 inches. This condition had existed for nine years and during that time in spite of all treatment employed had never entirely healed. It had been skin-grafted in the old way three times unsuccessfully. At the time of entering the hospital the patient suffered so severely from pain that at times she would cry out. She was put to bed, secretions regulated, the ulcer cleaned up by means of a dermal curette, and dressed for the first twenty-four hours with a Thierch pack. On the morning of March 5th, after the surface had been thoroughly cleaned up, a bovinine-pure pack was applied and kept wet with the bovinine for twenty-four hours.

On the morning of the 7th, I determined to employ grafts secured from a callus on the small toe, in order to demonstrate the technique of this mode of skin-grafting to five visiting physicians. The mode of pro-

cedure was as follows: The callus was thoroughly scrubbed up, and the external layers scraped off. Then thin sections of the layers next to the true skin were obtained by means of a very keen razor. Nine of these were deposited on the ulcerous surface. Over these were laid strips of perforated rubber tissue, then strips of plain bi-sterilzied gauze saturated in bovinine, and a bandage applied. The nurse was instructed to keep the dressings wet with bovinine pure. This dressing was removed on the 14th, and it was found, much to the delight and astonishment of the visiting physicians, that out of the nine grafts employed eight were firmly adherent and in a healthy growing condition. The ninth had become displaced and was removed. The wound was now dressed with bovinine pure; the dressings being kept wet, and changed once in twenty-four hours. Co-incident with the local dressings, from the outset, the patient had been given a wineglassful of bovinine in milk alternating with wine or beer every three hours. On March 24th, she was discharged cured, the entire surface having become covered with a new healthy skin.

This experiment has been employed frequently enough by me to demonstrate that where the technique is carefully followed it will in the majority of cases yield the most gratifying results. A point of interest in this case and a usual one, is that from the day of the first dressing of the bovinine up to the time the patient was discharged, she was relieved of all pain.

CASE II. SKIN GRAFTING WITH SKIN SCRAPINGS, IN BLOOD.

Anna H.; age 12 years; American. Diagnosis, burn of the right hand. Patient was admitted to hospital March 8th, 1902. As a result of

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In
Summer Complaint

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the burn she had on the back of her hand an ulcerous surface 2 by 1¾ inches, very painful, and in spite of three months treatment had refused to heal. It was impossible in this case to secure skin-grafts, and as I wished to demonstrate to the visiting physicians who were present the efficacy of *skin scrapings* as a means of bringing about a rapid healing of small surfaces where grafts could not be obtained, with an ordinary vaccinating comb I secured skin scrapings from the little patient's arms, legs and back. These were deposited within the periphery and dressed as in the other case. The dressing was kept wet with bovinine pure until the morning of the 16th, at which time it was removed and to the delight of the visiting physicians as before, the surface was found to be almost entirely healed, there remaining unhealed only a small space about the size of a ten cent piece, in the center. The wound was now dressed with bovinine pure and the nurse ordered to change it every 24 hours. Internally the patient had been getting a teaspoonful of bovinine every two hours in peptonized milk. March 24th, she was discharged cured.

CASE III. SKIN GRAFTS HEALED IN SIX DAYS, WITH BLOOD.

Arnold L., age 24 years, German. Diagnosis, wound of the left cheek, the result of being thrown from a street car. Patient admitted to hospital March 10th, 1902. The wound was filled with gravel and dirt, and involved almost the entire side of the face. A space in the center of the cheek, 2 by 1½ inches was completely denuded of skin. In this case it was being desirable to have the wound heal rapidly and with no evidence of scar, I determined to use grafts of normal skin sufficiently large to entirely cover the denuded surface. These grafts were secured from the patient's arms. The wound was dressed as in the other cases; the dressing being kept wet with bovinine. March 17th, the dressing was removed, and the wound was entirely healed, leaving no evidence of a scar whatever; but around the periphery there was some decided redness. This is probably the most rapid case of healing of this class on record.

CASE IV.—VIOLENT ENDOMETRITIS CURED BY APPLIED BLOOD, WITHOUT CURETTAGE.

Florence B., age 30 years; American. Diagnosis, endometritis. Patient admitted to hospital March 2, 1902. She was greatly anæmic and emaciated. Was so weak that she had to be carried from the carriage to her bed. Discharge was so profuse that unless proper appliances were used it would run from her almost constantly.

This condition had existed for four years, and during that period she had been twice curetted, but no result or relief obtained. Examination revealed the uterus to be in a highly diseased condition. So much so that I advocated a vaginal hysterectomy, or at least a thorough curettment. To these propositions both the patient and her friends absolutely declined to agree, and begged that I employ some other treatment. I therefore, without any promise of result, determined to employ bovinine injections and applications. On the 3d of March, after the patient's secretions had been regulated I commenced treatment by washing out the uterus and injecting a solution of bovinine and salt water, two-thirds bovinine and one-third salt water, and tamponing the vagina with bovinine pure. Internally she was given two teaspoonfuls of bovinine every hour in peptonized milk and a little water. The vaginal injections and tamponing were employed twice in 24 hours. up to March 14th. At this time the discharge had entirely ceased and the uterus was becoming smaller. The uterine washing now were employed once in 24 hours and, instead of bovinine tamponings, vaginal injections of the bovinine pure. Internally, the bovine was increased to a wineglassful every two hours. March 18th, the patient was up, and went for a short walk, and returned in splended condition. Had gained 4¾ pounds in weight. On March 23d, the uterine injections were discontinued, and the vaginal injections employed once in 24 hours. At this time the uterus had assumed its normal size, and all evidence of inflammation had disappeared. The patient was looking and feeling splendidly. Therefore local treatment was discontinued. April 1st, she was discharged cured, but instructed to return at intervals for examination and continue the bovinine internally indefinitely.

This case was certainly an extreme one and by all gynæcologists an operation would have been deemed, I think, an absolute necessity.

CASE V.—GREAT 12-YEAR OLD ULCER HEALED WITH APPLIED BLOOD, WITHOUT SKIN GRAFTING.

Mike L.; age 57, Irish. Diagnosis, ulcer of left leg. Admitted to hospital March 3, 1902. This condition was of about 12 years standing, and during that time had never entirely healed. He had been treated at various hospitals and at varions clinics and by private physicians, but said that he got no special relief. The ulcer was a large one situated on the calf of the leg, being 4 by 3¾ inches. It was covered with unhealthy granulations which exuded a foul-smelling purulent discharge. The surface of the ulcer was thoroughly cleaned up with a dermal curette, and dressed with a wet Thiersch pack. This was kept wet and not changed in 24 hours. At the end of the 24 hours this dressing was romoved, the wound throuoghly cleansed with bovinine and hydrozone reaction, followed by Thiersch irrigation, and dressed with bovinine pure. The bovinine dressings were changed twice in 24 hours, and the patient got a wineglassful of bovine internally, every three hours. March 23d, the ulcer had healed with the exception of a small space at the upper periphery. This was touched up with a 25 per cent. salution of pyrozone, and dressed with bovinine pure; the dressings being renewed twice in 24 hours. March 30th, the patient was discharged cured; the ulcer having become covered with healthy skin, and no scar tissue, it being almost impossible to tell it from the surrounding skin, the only difference being that it was a little redder.

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Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; formerly Lecturer on Therapeutics at Dartmouth Medical College; Physician to the Philadelphia and Rush Hospitals, etc.
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albuminuria. In this manner they prevent the accumulation of toxic products. It must be recognized, from such considerations, briefly presented, that they possess a wide sphere of usefulness.—*Monthly Cyclopedia of Practical Medicine.*

The following is taken from the Public Health Reports, August 15th.:

The Bacteriology of Soiled Garments.

Naples, Italy, July 39, 1902.

Sir: I have the honor to submit the following:

Numerous experiments have recently been made in Italy in the bacteriology of different fabrics commonly worn as garments or used as bedding. Drs. Viola and G. Morello give in the bulletin of the Sicilian society of hygeine the following conclusions based on their inquiries: Clothing, linen, and other garments are capable of holding a relatively large number of microorganisms, varying from a minimum of 915 to a maximum of 571,962 for each square centimeter of goods. While the greater part of these bacteria are common saprophytic forms, pathogenic germs are also found. The number of bacteria found in garments in actual contact with the human body is in direct ratio to the number of days the garments are worn. In general, the number of bacteria found in clothing of a person is proportional to the activity of his occupation. Wool has a greater capacity for germs than has cotton. Corresponding to the local bacteriological flora of the surface of the human body, there is a qualitative difference in the bacterial contents of clothing covering different parts of the skin. Wool is a more favorable habitat for bacteria than are cotton and silk. In clothing actually being worn pathogenic bacteria live a shorter time than in the same garments hanging in a wardrobe. Pathogenic bacteria flourish better in garments of wool and cotton that are alternately worn and exposed to the air off the body than in clothing constantly worn and hence subjected to the uninterrupted action of the condition offered by the living body. Under all conditions, pathogenic bacteria contained in clothing gradually die out. There is with the passage of time a gradual diminution in the number of disease-producing germs with which a given article of clothing has been contaminated. There is also a progressive decline in the power of development of the bacteria. They undergo a gradual attenuation and a diminution of their virulence.

The experiments conclude that garments are a potent means for the diffusion of infective agents, and that without special treatment pathogenic germs can retain their virulence in human raiment for a considerable but not indefinite period.

Respectfully,

J. M. Eager,

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The Mobile & Ohio Railroad will inaugurate dining car service between St. Louis and New Orleans and Mobile, Sunday, August 31st. The headquarters of the Superintendent of Dining Cars and the Commissary have been located at Jackson, Tennessee.

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On the 5th. of August The Panola County Medical Society was organized. The following officers were elected: Dr. K. P. Perkins of Batesville, President; Dr. Edwin Wright of Sardis, Vice-President; Dr. G. P. Lester of Batesville, Treasurer; Dr. G. H. Wood of Batesville, Secretary.

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minutes later the same dose is repeated, and if necessary, a third dose given ten minutes after the second. In 92 per cent. of all cases it immediately stops the pain." Farther on, Dr. Engel compares Antikamnia with the other coal-tar derivatives. He says that while some of these are valuable remedies for the relief of pain, "not one of them is so certain in its effect in comparatively as small a dose and so prompt in giving relief as Antikamnia in every kind of pain." This uniformity in its action leads him to believe that Antikamnia possesses properties differing from the other coal-tar products, while it is certainly free from danger, if given in anything like reasonable quantities, which is not the case with other products from coal-tar. Five-Grain Antikamnia Tablets afford the most accurate and convenient form for administration.

Its Distinctive Feature.

One need but to review the physiologic activities of the remedies recommended as tonics and reconstructives to realize the fact that practically all of them have some secondary effects which detract from their clinical value. It may be that they irritate the stomach and thereby excite repulsion on the part of the patient or even induce nausea and vomiting; some of them are astringent, others primarily stimulating but secondarily depressing—and so on through the entire category of remedies, objections more or less may be found. It is, therefore, a matter of great importance to employ a remedy which is not only free from deleterious by-and-after-effects, but which adapts itself to use as a routine remedy in the many and diverse conditions that call for tonic and reconstructive medication.

The one remedy which many years of experience proves is entirely free from detrimental effects, is Gray's Glycerine Tonic. This preparation is of pleasant taste, agrees perfectly with rebellious and sensitive stomachs, patients never tire of its continued administration, and it is extremly effective in restoring tone and vigor to the entire system.

The entire freedom of Grays' Tonic from anything like drug effects, is one of strongest reasons why the best element of the medical profession have adopted the remedy for routine administration in all conditions associated with impairment of general health, lack of nervous energy, general exhaustion—in anæmia, malnutrition, neurasthenia, and in chronic wasting diseases.

The Purdue Frrederick Co.,
No. 15 Murray Street, New York.

Ecthol in Scarlet Fever.

By John M. Turk, M.D., Canton, Ga.

I feel called upon to say something plain and practical in regard to the usefulness of ecthol in the above disease. I have used ecthol for one year in an epidemic of scarlet fever, and I must say that it has more than met my most sanguine expectation. It has accomplished more than any agent I have ever used in a practice of forty-three years. Ecthol robs scarlet fever of all the distressing sequels, such as nephritis, ear complications, adenitis, membranous angina, etc., if the remedy is given early enough and as often as every two or three hours, in bad cases, until desquamation is over, then not so often. A great many of my cases were malignant and quite a number ushered in with convulsions. In some of my malignant cases I gave double the prescribed dose. It prevents in a large degree the disintegration of cellular tissue, and will not disappoint any who may use it in scarlet fever.—*New Orleans Medical & Surgical Journal*, May, 1902.

POLK'S MEDICAL

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Mississippi Medical Record.

VOL. VI.] OCTOBER, 1902. [NO. 10.

ORIGINAL CONTRIBUTIONS.

* AN UNUSUAL CASE OF COLD ABSCESS.

BY HERMANN B. GESSNER, M. D.,

CHIEF OF CLINIC TO CHAIR OF SURGERY, DEMONSTRATOR OF OPERATIVE SURGERY, TULANE UNIVERSITY OF LOUSIANA; PROFESSOR OF ANATOMY AND SURGERY, NEW ORLEANS COLLEGE OF DENTISTRY, NEW ORLEANS.

George J., colored male, field hand by occupation, aged about 30 years, was admitted to Ward 1 of the Charity Hospital on July 29, 1902. He presented over the right scapular region a swelling which was diagnosticated lipoma on inspection and superficial examination.

Examination showed the organs of circulation and respiration, the liver and kidneys normal. A history of moderate use of alcohol was given. Both parents were said to be living, ages unknown, and in good health.

Examination of the swelling on his back showed it to be about 12 x 4 x 3 inches, its long axis corresponding with that of the body; it was freely movable; lobulation was perceptible when the skin was made tense and there was an elastic, fluctuating feeling, the fluctuation being more marked than is usually the case in lipoma. This swelling, according to the patient's statement, had originated ten years ago, following traumatism; it was tapped three years ago, blood and pus being drawn in sufficient quantity to diminish the size by half. Increase in size had been gradual since. A smaller mass, about 1 1-2 inches in diameter, and less fluctuating, was present to the left of the upper pole of the larger one; also one, still smaller, about 1 inch in diameter, in the right

* Read before the Orleans Parish Medical Society, August 23d., 1902.

supraclavicular region. Finally there was observed in the anterior portion of the right deltoid a firm fusiform swelling, about 3 x 3-4 inches.

The large mass was diagnosticated as lipoma, though the fluctuation and the history of pus-aspiration caused the diagnosis to be made with a reservation; the smaller masses were also taken taken to be lipomata, the swelling in the deltoid to be most likely a myoma, a rhabdo-myoma.

On August 7th, the patient was prepared for operation and anesthetized, the anesthetic being changed from ether at the start to chloroform when the operative procedure made it necessary to turn him over almost into the prone position. In order to make sure of the diagnosis in the case of the larger mass, exploration was done, bringing to view typical tuberculous pus. Encouraged by the typical character of the swelling to believe that a radical extirpation of the diseased tissues was feasible, I determined on this plan of procedure in preference to the slower, less radical, and in this case, as I thought, less promising plan of aspiration and iodoform injection. Accordingly, an S incision was made, so as to give free access to the underlying structures. A distinct sac was found, closely adhering to the latissimus dorsi and infraspinatus muscles beneath and to the fascia above. This was finally dissected away up to a pedicle leading through the infraspinatus muscle, under the deltoid, to the infraspinous fossa of the scapula. The pedicle was clamped, the sac was cut away above it. The pedicle was followed and found to be continuous with the intermuscular fascia of the plane, which it had followed through the infraspinatus, and with the fascia and periosteum underlying it. The fibres of the deltoid were divided in this region to permit free exploration, which showed this portion of the infraspinous fossa eroded in two places to a slight extent. There was no necrotic or carietic bone to be found. The remains of the pedicle were clipped away with scissors. Copious irrigation with saline solutions was practiced. An incision was made through the upper flap of the S incision, so as to permit drainage of the exposed infraspinous portion of the scapula. The remaining portion of the incision was closed with silk worm gut, close apposition of the skin and the underlying muscle and fascial surface being brought about with U stitches tied

over gauze rolls, a device first observed by me in the clinics of Dr. R. Matas, Professor of Surgery in the Medical Department of the Tulane University of Louisiana.

Before the removal of the patient from the table, the small growth near the cold abscess was explored with negative results.

The wound healed primarily. On August 16th. there was left but a small serum-discharging track at the site of the drainage incision. On that day it was observed that restricted motion previously noted about the right shoulder was due to a complete ankylosis of that joint, the scapula and humerus moving together. On August 10th. this interesting patient, too well satisfied with what had been done for him, took his leave.

Comment. This case is interesting especially from the point of view of the diagnostician. The movable character of the swelling, its lobulation, the presence of two other growths of a presumably fatty character, pointed in the direction of lipoma, while the distinctness of the fluctuation elicited and the history of pus-aspiration pointed to a liquid accumulation of some kind. No great stress was laid on the history given by the patient, on account of long experience with the misleading histories given by the colored race. The diagnosis was finally made with the exploring syringe, that frequently necessary arbiter in matters of doubtful diagnosis. The etiology and precise pathology of the lesion are not clear. The presence of a distinct sac enclosing a cold abscess has been observed before, receiving mention in text books on surgery. But the exact origin and mode of development of this particular abscess is a matter of doubt, the opportunity of illuminating which disappeared with the departure of the patient. Suspicion points to the ankylosed shoulder, but the absence of any sinus leading in this direction and the firmness of the ankylosis lead us to think of this region as at present sound.

*ABORTION OF GONORRHEAL OPHTHALMIA.

BY WARWICK M. COWGILL, M.D., PADUCAH, KENTUCKY.

The prevention of ophthalmia neonatorum by Crede's method is so well established that its efficacy is beyond dispute. Statistics show that 17,000 births where no prophylactic treatment was employed some trace of ophthalmia developed in over nine per cent., whereas in 24,000 children treated by Crede's method the number who developed the disease was only one-half of one per cent.

The abortion of gonorrhea of the urethra has been a subject of discussion for many years. Its attempt has been advocated and condemned, condemned and advocated. The pendulum has swung through all its phases. At present those in genito-urinary practice condemn attempts at aborting this disease in the urethra.

As to aborting gonorrheal ophthalmia, the teaching has been directly opposed to the use, in the incipient stages of gonorrheal ophthalmia, of any remedial agent in sufficient strength from which we might expect abortive action. Especially is this true of that most active of germicides, silver nitrate; but older views in medicine are sometimes changed in the light of modern etiology, and later advances in therapeusis. It is possible that such may be the case in regard to the present subject.

I will report two cases: Case 1. J. S., colored, had a profuse suppuration of the left eye, with great injection and chemosis, no corneal implication. Patient said the eye had been affected several days. The appearance of the eye was that of a typical case of gonorrheal ophthalmia. Patient also had at the time a urethral discharge. There was marked conjunctivitis with slight mucoid discharge of the right eye, which had commenced, according to the statement of the patient, the day before.

The treatment instituted was an instillation of a 20 per cent. solution of protargol, every four hours, with almost continuous bathing of the eyes with cold (iced) water.

* An abstract.

The blenorrhea-gonorrhea, which it was taken to be, in its incipient stage, affecting the right eye, subsided promptly, and the eye was free from redness and secretion in four or five days. The inflammation and suppuration gradually subsided in the left eye (the one first affected in which there was a fully developed case of gonorrheal ophthalmia), and the patient was discharged well in two weeks.

Case 2. Mr. W. A. S., aged twenty-one years, referred to the writer December 29th., 1901. His right eye was much inflamed, with purulent secretion. The eye had been affected two or three days. Patient had urethral gonorrhea at the time. The diagnosis was gonorrheal ophthalmia of the right eye. The left eye was not inflamed.

A Buller shield was placed over the left eye and the following treatment instituted: almost constant cleansing of the right eye with boric acid solution; iced cloths for twenty minutes each hour, and instillation of a twenty per cent. solution of protargol every four hours.

On the following day, twenty-four hours after the patient was first seen, the left eye, the one that appeared well the day before, was injected and gummed up with a mucoid discharge. It was believed to be gonorrheal infection of the left eye, not the gumming up found when an eye is under a shield, so the shield was removed and the same treatment applied as to the right eye.

In four days the left eye was well; the inflammation and suppuration rapidly decreased in the right eye, and on December 31st., eleven days after treatment was commenced, the patient was discharged well.

To have made the diagnosis absolute, a microscopical demonstration of the presence of gonococci in the secretion from these eyes should have been made; it is believed, however, that as in each case there was present a disease of the urethra which had all the appearance and history of being gonorrheal, that the eye trouble was gonorrheal; that the implication of the second eye in each case, was gonorrheal; and that by timely and efficient treatment the disease in these two eyes was cut short—aborted.

If, then, it be true that gonorrheal ophthalmia can be aborted, if seen in its incipiency, by the use of an efficient remedial agent, would it not be wise to begin treatment in

all suspicious cases, in the absence of microscopical findings, with a germicide of such strength that should the suspicion of of gonorrhea prove true, there is a possibility of checking the disease?

As to remedial agents: the indiscriminate use of solutions of nitrate of silver is not advised; but since we have in protargol an innocuous and non-caustic agent of high germicidal power, and it is claimed the property of penetrating tissues deeper than agents like silver nitrate, or bichloride of mercury, (which exert but superficial action on account of their coagulability); an agent that can be put into the hands of the patient with safety, the writer would advocate the use of this agent in efficient strength, from 20 to 30 per cent solution, to be used from five to six times a day, in every case of blenorrhea seen in its incipiency, where there is the slightest suspicion of gonorrheal infection, and give the patient the benefit of the doubt.

ABSTRACTS AND EXTRACTS.

Diphtheria.

Netter (*Bull. de l' Acad. de Med.*, March 18) insists upon the oft-repeated statement that preventive injections of serum have a pronounced prophylactic effect and have never occasioned any serious accidents. The only inconveniences that have ever been noted are a transient eruption or a few pains in the joints. Unfortunately, the immunity conferred does not commence before twenty-four hours and wears off by the end of three or four weeks. When children have been exposed, the conditions of the environment determine the necessity for these injections. If they can be kept under surveillance by the physician and the sick child has been isolated from the rest of the family, they are not necessary unless positive results are obtained from the nasal and pharyngeal mucus. But under other circumstances, in schools, hospitals, etc., when a case of diphtheria occurs, the other children should receive these preventive injections.

In a few rare cases in which diphtheria has occurred, notwithstanding the preventive injection, it was especially mild.

Dr. Sevestre, the well-known French authority upon diphtheria, has recently reviewed the subject of the prophylaxis of diphtheria by preventive injections of antidiphtheria serum (*Bulletin Medical*, March 19th., 1902.) After giving many details, he states that preventive injections of antitoxin produce immunity in children exposed to diphtheria. Serious accidents have never followed the use of well-prepared serum, though an eruption or some joint pains may result. But this immunity only lasts three or four weeks at most. Should diphtheria develop after the injections it is very mild in character. Preventive injections are especially indicated in a family, school or hospital, in which a case of diphtheria has appeared. They are often of value in a ward containing patients with measles or scarlet fever. Large doses, often repeated, are needed in measles. It should not be forgotten that, even though these injections be given, disinfection and isolation are nevertheless necessary. The prophylactic use of serum is recommended by the Pediatric Society and the Academy of Medicine, of Paris.—*Philadelphia Medical Journal*, July 5.

Geffrier & Rozet, in *Archives de Medecin des Enfants*, Feby., conclude that injection of Roux antidiphtheritic serum may cause trouble, even in small amounts; that as good, if not better, results follow the injection of small doses of the serum; and that less accidents follow small than large doses. It seems to aggravate renal symptoms. Thirteen case-histories of anuria following the injection of serum are given in full, 4 of them personal observations. Even before the result of cultures is known, from 5 to 20 cc. are injected as routine treatment, according to the age of the infant. The throat is washed with a bichloride solution (1 to 50) daily as long as membranes exist. Out of 410 patients, 45 died. Diphtheria bacilli were found in only 309 cases, with 28 deaths. But 8 of these died from other causes, leaving 20 deaths from diphtheria, 6½ per cent. Laryngeal stenosis occurred in 137 cases, 104 of which had either intubation or tracheotomy performed. Albuminuria was noted in one-fourth of the cases, while paralyses followed in 10 per cent. They do not advise injecting this serum, even in small doses, prophylactically.

The Journal of the Ameriean Medical Association, April 19th., comments editorially as follows on the "Treatment of Diphtheria with Antitoxin. The time is long past when there could be any difference of opinion as to the utility of the antitoxin in the treatment and in the prevention of diphtheria and, at the present day, after abundant time has elapsed for the enthusiasm aroused by an important innova-

tion to subside, it may be accepted as the deliberate judgment of the medical profession that the discovery of the antitoxin of diphtheria must rank with that of anesthesia and that of vaccination as among the most beneficent in the history of medicine. Statistical evidence to this effect has been forthcoming in overwhelmingly convincing amount and it would appear almost superfluous to add thereto. Nevertheless, the results of a study of the new cases of diphtheria treated in the municipal hospital of Muhlhausen, a small manufacturing city in Germany, both before and since the introduction of the antitoxin are not without interest. Thus the percentage of mortality from diphtheria was in 1892, 53.4; in 1893, 55.3; in 1894, 51.7; in 1895, 38.5; in 1896, 28.8; in 1897, 16; in 1898, 20; in 1899, 15.1; in 1900, 18.7. Among the cases of pharyngeal diphtheria the mortality percentage was in 1892, 20; in 1893, 35; in 1894, 37.1; in 1895, 19.4; in 1896, 26.2; in 1897, 8.6; in 1898, 14.8; in 1899, 7.1; in 1900, 8.1. Of the cases of laryngeal diphtheria the percentage was among those not operated on: in 1892, 33.3; in 1893, 81.8; in 1894, 58.3; in 1895, 100; in 1896, 0; in 1897, 10; in 1898, 12.5; in 1899, 7.1; in 1900, 8.3; while among those operated on the percentage was in 1892, 67.5; in 1893, 67.7; in 1894, 70.9; in 1895, 70.7; in 1896, 33.3; in 1897, 29.4; in 1898, 35.3; in 1899, 34.4; in 1900, 37. At the same time a large reduction in the number of cases of laryngeal diphtheria requiring operation was noted after the institution of antitoxin treatment. That the favorable results, which correspond closely with those observed elsewhere, are not due to the character of the disease is shown by the fact that the cases during the years 1899 and 1900 were more severe than at any time in the last twenty years.

The plan of treatment pursued consists in the administration immediately of an injection of antitoxin to every child admitted to the hospital, the amount varying with the duration and severity of the symptoms. Thus, in cases of pharyngeal diphtheria from 600 to 1500 immunity units are given, in accordance with the extent of the deposit, the degree of temperature elevation and the duration of the disease, the same dose or a smaller one being repeated on the following day and if necessary on the third day. In cases of laryngeal stenosis, not less than 1500 immunity units are injected at once and the same dose is repeated in from six to twelve hours and possibly from 1000 to 1500 units on the following day. In grave cases, in which the general intoxication is profound, a dose of 3000 immunity units is injected at once. Generally 4000 or 4500 immunity units are sufficient, but in rare cases as much as 6000 units are required. In some cases operative intervention has been averted by the admin-

istration of an emetic, the stenosis being, as a result, overcome for a few hours, until the antitoxin has time to exert its influence.

The local treatment in cases of pharyngeal diphtheria consists in the use of gargles of potassic chlorate or boric acid, but in the case of small children, incapable of gargling, local treatment is entirely foregone. Only in severe septic cases are applications of solution of ferric chloride, 1 to 5 or 1 to 10, made to the pharynx and sprays of antiseptic solutions practiced. The use of the ice collar and the swallowing of bits of ice is practiced only when the glands of the neck are enlarged and deglutition is painful. The general measures consist of rest in bed, a nutritious diet and the treatment of complications. Cases of laryngeal diphtheria and of tracheotomy are kept in a room whose air is saturated with steam.

There are at present few specifics in therapeutics and the antitoxin of diphtheria must be considered one of the most important and most reliable of these. To be most effective it should be employed early and in sufficient dosage. No seriously unpleasant secondary results need be feared from such a course and, if these injunctions be observed, we may hope that the mortality from diphtheria, which already has been reduced to half of what it formerly was prior to the introduction and general employment of the antitoxin, will be still further reduced. Even now much of the terror formerly aroused by the development of a case of diphtheria in a household has been removed because of the more hopeful outlook in the individual case and of the powerful weapon for attack and defense that has been placed in the physician's hands in the form of the antitoxin injected for both curative and prophylactic purposes."

The *Medical Record* (May 3) abstracts from an article in the *Lancet* on "Diphtheria in the Newly Born. G. A. Auden reports the case of a boy eight days old, born after a normal labor. On the eighth day there appeared a greenish discharge from one naris, later from both, with fretfulness, refusal to nurse, but nothing could be found to account for the condition. On the tenth day the discharge was increased and both nares were nearly occluded. There was some dyspnœa, some diarrhœa and a moderate fever. Both tonsils showed a patch with œdema of the surrounding tissues. Two hundred antitoxin units were injected and repeated in four hours. The child did well, and on the thirteenth day all danger seemed to have passed. It was found that one month before confinement the mother had had a severe sore throat. It may have been diphtheritic, and she herself may have been the source of the child's contagion. Auden does not incline to the view that maternal milk possesses antitoxin

properties. In this case the mother nursed the child throughout."

"Thierry and Bertail recently reported an epidemic of diphtheria in and near Argenteuil, France. (*Bulletin Medical*, March 19, 1902). On July 2, 1900, a patient with diphtheria arrived from Dijon. Up to March 9, 1902, 79 cases of diphtheria had occurred. All the patients received from 10 to 20 cc. of antitoxin when first seen, and in many cases this was repeated in a day or two. Of the 79 cases but 2 died, and one of these was the original patient from Dijon. Slight paralysis occurred in but 4 cases. The case-histories of all 79 patients are given in detail. These results show the great efficacy of anti-diphtheritic serum."—*Philadelphia Medical Journal*, July 5th.

The Journal of the American Medical Association, July 26, abstracts the following from the *Providence Medical Journal:* "Diphtheria. From a study of more than 10,526 cases of diphtheria, McCollom deduces the following conclusions: 1. That the ratio of mortality of diphtheria per 10,000 of the living was very high in Boston previous to 1895. 2. That the ratio of mortality per 10,000 has been very materially reduced since the introduction of antitoxin. 3. That the percentage of mortality in the 'South Department' (Boston City Hospital) is lower than that of any of the hospitals at home or abroad taken for comparison. 4. That since larger doses of antitoxin have been given the death rate has been materially reduced, this reduction having occurred in the apparently moribund cases. 5. That no injurious effect has followed the use of serum. 6. That to arrive at the most satisfactory results in the treatment of diphtheria, antitoxin should be given at the earliest possible moment in the course of the disease."

The *Medical News*, February 22nd., prints this abstract: "A New Theory of Diphtheria. A good deal of difficulty has always been experienced in sharply differentiating true and pseudo-diphtheria bacilli on a morphological basis, and F. Schanz (*Munch. Med. Woch.*, January 14, 1902), is of the opinion that their only difference lies in their power to produce toxins. It has been found, however, that the blood of most people contains a certain amount of antitoxin which may result from a previous diphtheria but may also come from the harboring of a virulent diphtheria bacillus, which strangely does not lack in antitoxin-producing properties, on the mucous membranes of the nose or other organs. The degree of severity of the diphtheria may thus depend on the

amount of unconscious immunization which has constantly been going on from a virulent bacillus."

In the *St. Louis Courier of Medicine*, April, Dr. Saunders gives the following rules for the management of diphtheria: In all cases exhibiting an exudate or a pseudo-membrane in the faucial mucous membrane, administer pilocarpin at once, in doses large enough to excite its physiologic action. When there is the least suspicion that the case is diphtheria the diagnosis should be settled and antitoxin employed without delay. The dose of antitoxin should be large enough to neutralize all the toxins in the blood and an excess that will neutralize all that may occur in the circulation the following week. A sufficient dose must be given at once and need not be repeated. For a mild case 1,500 units may be given, a case of moderate severity should receive 2,000 units and a severe infection from 2,000 to 3,000 units. Special attention should always be given to the antitoxin. If only old serum can be obtained, the least concentrated should be chosen, so that more can be injected, and allowance must be made for the deterioration. A serum that is two months old should be regarded as only about one-half the strength that is marked on the vial. Even when the temperature drops to normal and the membrane begins to be cast off, the pilocarpin should be continued for one or two days in diminished doses, stimulating the leucocytes and hastening convalescence. If the case comes under treatment after the fifth day pilocarpin should be used with caution, on account of the danger of heart failure. Other medication is rarely necessary, except possibly an initial purgative of calomel. Tonics are indicated during convalescence. Applications to the throat can do no good. The fear which many of the profession entertain for pilocarpin is groundless.

American Medicine, May 10, abstracts from the *Edinburgh Medical Journal* as follows: "The Heart in Diphtheria. After a consideration of the various forms of heart failure occurring during the different stages of diphtheria, as exemplified by the cases detailed by Bolton, the grave danger to which patients during the whole course of the disease are liable, as a result of the acute degeneration of the neuromuscular mechanism of the heart, is at once apparent. There should be a thorough and systematic examination of the heart and pulse in every case of diphtheria, however mild it may appear; and heart failure can best be guarded against by keeping the patient in bed, or at least perfectly free from excitement and strain as long as there is an irregular pulse, or the physical signs of cardiac dilitation. Primary heart failure is to be feared during the acute stage of the disease,

and the only prevention of this consists in the use of efficient doses of antitoxin at as early period as possible. After the acute stage has passed, and convalescence has begun, the heart failure is generally secondary."

Archives of Pediatrics, April, abstracts the following on the indications for the operative treatment of diphtheritic stenosis of the larynx from *Archiv. fur Kinderheilkunde:* "Of intubated cases, 10 per cent. died; the mortality among infants under one year old was 60 per cent., and in the second year 13.9 per cent.; between the ages of two and twelve it was only 6.9 per cent. The causes for the bad prognosis in infancy are: delicacy of the tissues of the entire organism, increased difficulty in feeding, predisposition to pneumonia and the fact that the small tubes are more easily clogged. The average duration of the intubation was from two to four days. Secondary intubation became necessary in four cases of primary tracheotomy, and in fourteen of secondary tracheotomy. Ten of the eighteen secondary intubations were successful.

In mild and medium degrees of laryngeal stenosis operative interference should be prevented, if possible, by means of antitoxin and the use of the spray. Primary intubation is indicated in all severe cases in which bloody interference can be prevented. Primary tracheotomy is indicated: in asphyxia and collapse, unresolved pneumonia, severe cardiac disease, paralysis of the diaphragm and palate; and with marked anatomical changes in the pharynx or necrosis of the same. Secondary tracheotomy is indicated: when the symptoms of stenosis continue after intubation, the tube not being clogged; when pneumonia appears, or the palate and diaphragm become paralyzed. Intubation is not to be recommended in infancy."

THERAPEUTICS.

Patterson (*Southern Medical Journal*, February) gives the following prescription for diphtheria:

℞	Potassium chlorate - - -	ʒi
	Dilute muriatic acid - - -	ʒii
	Muriated tinct. iron - - -	ʒiii
	Distilled water - - -	ʒxii

He advocates the immediate use of this mixture in ounce doses for adults, and proportionately less for children, every hour.

Quinine should be given in tonic doses three times daily. The throat should be mopped with a mixture of red pinus canadensis and phenic acid immediately after each dose of the above mixture.

Stanley reports a series of 500 cases of diphtheria, all of which were treated with antitoxin. The deaths in the series were 80, or 16 per cent. No constant relation between the quantity of antotoxin given and frequency of eruption was noted, but in one case in which antitoxins from two different sources were injected at the same time, two separate antitoxin rashes were observed; the first occurring 10 days and the second 14 days after giving the antitoxins. Out of the 500 cases treated with antitoxin there were 112 cases of antitoxin rash. The typical diphtheria antitoxin eruption is a marginate erythema on the psoriasis regions tending to run into arcs of a circle. It lasts about three days and is accompanied by slight malaise and a rise in temperature of about 3° F.—*British Medical Journal.*

The Action of Antitoxin. McFarland (*Therap. Gaz.*, July 15, 1901) emphasizes the fact that it is always best to give the maximum of antitoxin at the start, as an excess of it will do very little harm to the patient, while, on the other hand, if too little has been given, when it is increased later, the dose then may have no effect on the disease, which has then been allowed to progress too far.

Unusual Dosage of Diphtheria Antitoxin. Nietret (*St. Louis Med. Rev.*, July 6, 1901) reports a case in which 25.500 units of antitoxin were administered within 12 days. The patient was a woman in fairly good health before the present attack. This large dose did not cause any disagreeable symptoms, the only thing that was noticed was a slight eruption.—*International Medical Magazine.*

About three years ago Riegler of the faculty of medicine at Jassy, recommended the use of peroxide of hydrogen and iodic acid insufflated upon diphtheric throats. Recently Novikov has been using the peroxide alone—even without serumtherapy. His results are as good as with antidiphtheritic serum. Although the detachment of the membrane is not as prompt, with peroxide alone, there is never any depression as often occurs with the serum. Where the patient is old enough to use a gargle intelligently he gives a 3 per cent. solution to be used liberally at short intervals. If the patient is too young for such procedure he gives the peroxide internally, 5 to 7 parts of peroxide to 100 of syrup and water, and washes the throat once or twice a day with the 3 per solution.—*Medical News* from *La Sem. Medical.*

The Bacillus of Summer Diarrhœa.

It has been announced by Dr. W. H. Welch, of John Hopkins University, that the bacillus of the summer diarrhœa of infants has recently been discovered, at the laboratory of the Thomas Wilson Sanatorium for Children, near Baltimore, by two students who are to become physicians next June. They are C. W. Duval, of Annapolis, a student in the University of Pennsylvania Medical School, and B. H. Bassett, of Aledo, Ill., a student in Johns Hopkins Medical School. While the latter discovered the micro-organism, the former successfully isolated it. Their investigations have been verified by Dr. Welch and Dr. James H. M. Knox. It is to be hoped that an anti-summer diarrhea serum may soon be prepared, which will reduce the mortality from summer diarrhea in infants. These investigations were pursued under the auspices of the Rockefeller Institute for Medical Research.—*Philadelphia Medical Journal.*

Physicians as Business Men.

In this intensely utilitarian and commercial age doctors must adopt sound business methods. To charge well and collect systematically is a good plan to follow. People appreciate you more if you value your own services. They pay nearly everybody else better than the physician. The doctor gets less when he saves a human life than the undertaker would have received if he had had the patient to bury, and much less than the lawyer would have charged if he had had the chance to settle the succession. If your services are valuable, make the patient understand and pay for them in proportion. Your family will be better off and the profession will have a better business reputation, even if there are a few people less who say, *after you are dead*, how kind you were.—*New Orleans Medical and Surgical Journal.*

EDITORIAL.

H. H. HARALSON, M.D. E. F. HOWARD, B.S., M.D.

VICKSBURG, MISSISSIPPI.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

Entered at the Postoffice at Vicksburg, Miss., as Second-class Matter.

THE AMERICAN MEDICAL ASSOCIATION.

We note with much pleasure the interest manifested by the physicians of New Orleans in the meeting of the American Medical Association to be held in that city next May. New Orleans is preeminently fitted for the entertainment of such an organization. Its facilities for the work of the Association and for the accommodation and amusement of those who may attend its meetings are of a high order. But another feature which will add very materially to the success of the meeting rests with others than the residents of that city. There are many physicians throughout the South who have not sufficient leisure or funds to enable them to attend the meetings in more distant cities. Now their chance has come. We owe it to our brethren of the Crescent City to help them make this meeting a success. We owe it to ourselves to go to this delightful medical centre to see the great men of our profession, and broaden our minds and increase our knowledge by contact with them. Last but not least, *dulce est desipere in loco*—which with apologies to Horace we will venture to translate "New Orleans is a jolly good place to go to on a lark."

COLD ABSCESS.

Cold abscess, an account of a very interesting case of which we publish in this issue, is one of the surgical conditions whose etiology is still questioned by some. Cheyne considers that it can always be traced to a specific inflammatory process which is almost invariably of a tubercular nature. Where the confluent masses in the centre of a nodule begin to break down, there is formed a collection of material

surrounded by tuberculous tissue. This material becomes infiltrated with leucocytes, and thus is produced a cavity containing fluid, fatty material, fragments of cells and leucocytes around which there is granulation tissue filled with tubercles. Other observers, notably Ernst, have found the *staphylococcus pyogenes aureus* and *albus* in several cases of *psoas abscess* and think it possible that the failure to obtain cultures from this kind of pus is due to the dying out of the organism owing to the age of the abscess. Wyeth, who holds the tubercular etiology of cold abscess, considers that in these cases the contents of the cavity become infected after its formation. "If the medulla of bone can become infected without a direct or external communication, it is just as easy to infect a deep-seated tuberculous fluid when the conditions for infection are favorable, the germs traveling through the blood and being deposited in a suitable pabulum."

In connection with their probable tubercular origin Holt states that of 380 cases of spinal caries observed by Townsend abscess was present in 20 per cent. "They are rarely seen earlier than three or four months from the beginning of symptoms, and usually belong to the second year of the disease. They sometimes form with acute symptoms but more frequently appear as typical cold abscesses. Those connected with cervical disease are retro-pharyngeal or retro-æsophageal, or they may open externally. Those with disease of the lower cervical or upper dorsal vertebræ are apt to burrow along the spine appearing in the lumbar region, rarely they may rupture into the æsophagus or the pleural cavity. Those with disease of the lower dorsal or lumbar vertebræ may open just above the iliac crest posteriorly, or burrow anteriorly between the abdominal muscles, but the usual course is for them to follow the psoas muscle, appearing in the groin just above Poupart's ligament or at the upper and inner aspect of the thigh."

In Dr. Gessner's case the general condition of the patient, as observed prior to the operation, revealed nothing suspicious. The history of traumatism he, we think wisely, does not consider. It is indeed to be regretted that the patient escaped before further light could be thrown on the subject.

DETERMINATION OF SEX.

Apropos of the death of Dr. Schenck and the passing of his theories the *Southern Practitioner* tells the following story:

"About as plausible and satisfactory a suggestion, fully as much so as Schenck's, or any others that we have seen on the printed page, after a somewhat wide range of medical reading for close on to half a century, was made by an old mid-wife of this city in the early part of the last half century.

Mrs. Knowles at that time had well passed her three-score and ten mark on life's highway, and enjoyed a very large obstetrical practice in the capital of Tennessee. In fact, larger than any of her more highly educated male colleagues of that day.

A young lawyer who had just married, and had a personal interest in the question, meeting her one day on the street as she came walking along, in her right hand, with arm extended, a long staff, fully a foot more in length than she was herself, her blue satchel with its contents, herbs and simples for use in the practice of her art, depending from her left arm, he asked her the very pertinent question, as to what steps were to be taken in order that his first-born should be a son.

"Why, Charlie," said the old dame, raising her heavily-framed glasses on her brow, "did you never mold any bullets?"

"Yes," he promptly answered.

"Well, now," she remarked in her high-pitched treble tones, "didn't you notice then whenever you had plenty of lead in the ladle that there was a neck on the bullet; and when there was not quite enough, that there was a little hole in it?"

YELLOW FEVER GERM FOUND.

The following, clipped from the *Journal of the American Medical Association*, September 27th, is self explanatory. We trust that the real criminal has been finally discovered and that we will not find ourselves again confronted by an *alibi*. The fact that Dr. Beyer, already noted for his work on mosquitos, is connected with it encourages us to hope.

"Yellow Fever Germ Found.

The expected announcement of the yellow fever germ is reported in the telegraphic news from New Orleans as given by Prof. George Beyer, of Tulane University. The commission sent by the U. S. Marine Hospital Service has for several

months been at Vera Cruz studying the epidemic which was of a particularly pernicious type, the mortality at one time reaching the frightful figure of 87 per cent. The germ of the disease was definitely found, and its character and habits fixed. It is of much higher order of life than had been anticipated, being an animal, not a vegetable organism. That found in the bodies of sufferers from the disease was identical with the germ found in the mosquitoes. During the epidemic at Vera Cruz the mosquitoes were especially numerous. The authorities of the Mexican city determined to inaugurate a war against the insects and appointed a committee, with Professor Beyer at the head, to exterminate the mosquitoes. The result of the war was that the number of cases of yellow fever were reduced one-half. Professor Beyer would not say whether the germ discovered at Vera Cruz was or was not the Sanarelli germ, but the belief is that it is a germ never before discovered."

PROFESSIONAL ETIQUETTE.

FARIBAULT, MINN., Sept. 29, 1902.

TO THE EDITOR: I am a subscriber of *The Journal* and as such, as well as to settle a mooted question, I take the liberty of asking you a question in ethics. A physician decides to locate in a town; what is his duty after arriving at his place of destination, to wait for the physicians already located there to call on him first, or to call on them first? D. M. C.

ANS.—It is the duty of a physician locating in a place to call on all physicians already practicing there whose friendship and professional fellowship he desires.—ED.

Professional etiquette being somewhat vague we note the above clipping from the *Journal of the American Medical Association* with a good deal of interest, but we beg to disagree with the dictum there laid down. We admit that the quickest way for a physician, coming to a place where he is unknown, to become acquainted with other physicians is to call on them, but as to its being a *duty* we fail to see it. In no other calling is it a matter of duty, or even of custom. It is invariably the custom that the new-comer must wait for the others to take the first step. They may never take it, the majority will certainly never take it in such a case as this, and the newly arrived physician will probably meet his older and busier brothers in some emergency case—when all the

doctors in the neighborhood are sent for—or it may be in consultation, or, most likely, by some accidental meeting on the street or socially at the house of a mutual friend. If there is a local medical society he will make acquaintances by joining it, but we venture the assertion that if he starts out on a round of formal calls he will soon be sick of it and, later, wish he had stood upon his dignity and not followed advice so different from that customarily given. We admit that the way is tedious and unsatisfactory, but we all tread it at one time or another. We would give a good deal to be able to publish an unexpurgated edition of Dr. D. M. C.'s thoughts when he got back home.

BOOK REVIEWS.

A Treatise on Diseases of the Anus, Rectum and Pelvic Colon, by James P. Tuttle, A.M., M.D., Professor of Rectal Surgery in the New York Polyclinic Medical School and Hospital, Visiting Surgeon to the Almshouse and Workhouse Hospitals. With eight colored plates and three hundred and thirty-eight illustrations in the Text. D. Appleton & Co., New York.

A work of this character, on a special line of surgery that is practically neglected in most, if not all, medical colleges, cannot but be of interest. Indeed it is not too much to say that to the average practitioner of medicine the very anatomy of this part of the body is known only in a general way, and until recent years the surgeon who made anything of a specialty of this line of work was considered rather low-grade. To Dr. Tuttle is due much of the credit of advancing this branch of surgery, and his book is the result of his experience for twelve years in one of the largest clinics of this kind.

The embryology, anatomy and physiology of the parts are described in considerable detail, and a chapter is devoted to malformations of the anus and rectum. Methods of examination and points to be brought out in diagnosis are described with a clearness that will prove gratifying to the novice. The commoner diseases such as catarrhal diseases of the rectum and sigmoid, ulcerations, abscesses, constipation, fissures, fistulæ and hæmorrhoids are given full justice.

In each condition the non-operative treatment is described, together with the class of cases in which it will prove of value, but when such measures are likely to prove futile the fact is plainly stated.

On the whole the book is more apt to be of value to those whose lines may fall in this direction than most works of its class, and its value is much enhanced by the very excellent cuts with which it is amply illustrated.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to Students and Practitioners by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M.D., Paris; Thomas G. Morton, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh, and John Harold, M.D., London, with Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, $2.00. Volume II., 12 Series.

This number of the *International Clinics* contains some specially good work. The treatment of Acute Urethritis, by Prof. Finger, of Vienna, is a masterly dissertation on a subject that has worried the very soul of every practitioner of medicine. Other articles of special merit are, The Radical Cure of Inguinal and Femoral Hernia, by Wm. B. Coley; Gastro Intestinal Intoxication, by Jno. C. Hemmeter, of Baltimore; and Resection of the Cervical Sympathetic, by Prof. Jannesco, of Bucharest, Roumania. An article by Romme, of Paris, on Gersuny's Method of Prothesis by Subcutaneous and Submucous Injections of Vaseline is a very complete exposition of a procedure that is daily attracting more attention. There is a report of a lecture—clinical—by Dr. Kelly, on a series of cases that illustrates many of the operative gynecological conditions. Dr. Kelly also contributes some notes on the Management of a Modern Private Hospital that are eminently suggestive.

The department of Biographical Sketches of Eminent Living Physicians gives a description of the business methods of a noted Chicago surgeon that leaves one wondering whether the writer is indulging in a "pipe dream" or if the millennium has really come in the "Windy City."

The special article on the Function of the Digestive Glands, from the researches of Prof. Pavlov and his pupils, is a review of the most interesting and progressive work that has been done in physiology in recent years.

Mississippi Medical Record.

VOL. VI.] NOVEMBER, 1902. [NO. 11.

ORIGINAL CONTRIBUTIONS.

SEPTICEMIA AND THE CURETTE.

BY H. PLYMPTON, M.D.

To attempt to break up the old established custom in any line of life is at best a thankless job, and one likely to call down harsh criticism upon the head of the daring iconoclast.

To attempt to uproot old prejudices existing in favor of a certain line of practice in surgery, and diametrically oppose such practice, is to invite from some, adverse criticism of the harshest kind. The only recompense for this is a logical refutation of, or concurrence in, the argument advanced on the part of other members of the profession.

This latter is what I hope for, and if I provoke a discussion, or start a line of thought in the minds of half of the the readers of this article, I shall have achieved all I started out to do.

Curetting the uterus to remove fragments of after-birth or other debris has been taught in our medical schools from time immemorial, and it is firmly fixed in the receptive and retentive mind of every medical student that the first move following any such abnormal uterine condition is to cleanse the uterus by means of the curette.

That the organ should be thoroughly and aseptically cleansed admits of no argument, but that the work should be done with the curette, I deny most emphatically.

The majority of cases of death following the decomposition of foetus or placenta in utero are caused by the use of the curette, and I hold that septicemia may be avoided if a more rational procedure be resorted to.

The condition of the uterus containing septic matter is one of great congestion; the thickened walls being coated

internally and over the os with a thick, brown, tenacious mucous.

The congestion is active, and therefore the more dangerous in the event of the admission of septic matter into the circulation.

If the curette is used, denuding the walls of their protective covering, an immediate vaccination takes place with a septic virus, septicemia following in an incredibly short space of time (chemical metamorphosis is marvelously rapid in the circulatory system) and death quickly ensues.

If without using the curette, we can remove the septic matter from the uterus without disturbing the mucous covering, and enable the uterus of itself to expel the coating, we shall have taken a long step forward in the treatment of this class of uterine cases.

The uterus by reason of its congestion may be made to perform a self-cleansing act by exciting the exudation of the serum of the blood into its cavity, thereby washing itself out, and expelling all septic matter instead of absorbing it.

This process of exosmosis is induced by a properly combined alkaline solution at a temperature of 100° and a strict avoidance of Bi-Chloride, Carbolic Acid, Formaldehyde, or any antiseptic of an acid reaction or astringent nature, which would coagulate the fibrin and albumen of the blood.

My method of procedure is as follows:

First. The gentle removal of whatever fragments are lying in the uterine cavity, by means of forceps, care being taken not to tear from the walls any adherent piece.

Second. The gentle flushing of the uterine cavity with the alkaline solution (110° F.) the reservoir containing the fluid being not more than two feet above the level of the patient's hips.

If the flushing could be continuously administered for a few hours (say two or three) the conditions would be more speedily reduced to normal, but the discomfort of the position of the patient (on a douche pan) prevents this, and a flushing once every two hours with one quart of solution is about the limit of treatment.

For flushing the uterus, I use a small dilating uterine douche, and as there is plenty of room for the escape of fluid and fragments there is no danger of fallopian colic or salpingitis.

The first flushing is frequently followed by contractile pains and expulsion of any previously adherent pieces, together with much of the mucus.

A tablet of Ext. Cannabis Indica, gr. ¼
Ext. Ergotin, gr. ½

every hour until the desired effect is produced will contract the uterus and alleviate the pain.

The bowels should be moved freely, both by enema and catharsis.

During the interval between douches the patient should be kept on her back, with the hips sufficiently raised to permit the retention in the vagina of as much of the alkaline solution as it will hold.

The rapidity with which this treatment will reduce temperature, will relieve pain, stop vomiting and remove offensive odor is marvelous to one who has not tried it. Sometimes two flushings are sufficient to cleanse the uterus thoroughly; vaginal douches being all that are needed subsequently to complete the work.

Uterine congestion is speedily relieved, and the uterine discharge changes from brown, thick, bad-smelling mucus to a thin, transparent one, accompanied or followed by more or less of a flow of blood.

A reduction in the frequency of the flushings is desirable as soon as a tendency to return to normal conditions begins to be observed, as it frequently will within twenty-four hours. Then simple vaginal douches every three hours, with an occasional uterine flushing if symptoms indicate it.

The action of exosmosis (and endosmosis, for there is every reason to believe in the absorption of some of the fluid) is what is desired to relieve the existing congestion, as in a Bronchitis, Pneumonia, Congestion of Kidney, congestion of any mucous membrane, etc., and is the most rational means of restoring to the normal condition.

I do not wish to be understood as decrying the use of that most valuable instrument the curette, but only the abuse of it, to-wit: its employment under such conditions as make it practically a sharp weapon loaded with septic matter, dangerous beyond the poisoned arrow of the Malay, or the fang of Cobra, and utterly opposed to our modern ideas of antisepsis.

No. 2 Macon Street, Brooklyn, N. Y.

STREPTOCOCCIC INFECTION TREATED WITH MARMOREK SERUM.

BY H. L. SUTHERLAND, M.D., ROSEDALE, MISS.

On May 12th. 1902 I was called to attend Mary Simpson, negress, who was about seven and a half months pregnant. She is the mother of five living children and has had six abortions. She was having severe pains and uterine hemorrhage. I tamponed and several hours later the foetus and placenta were expelled in quick succession, and the latter was intact. On the afternoon of the 19th. I was called again, and found that she had had several "chills and fever" during the past two or three days.

May 19th., 5 P.M., Temp. 103.2° F., Pulse 120. Abdomen tympanitic. I gave a calomel purge and 8 grains of quinine every three hours until she had taken 24 grains. I irrigated the uterus with hot carbolized solution and lightly packed with iodoform gauze.

May 20th., 8 A.M., Temp. 101° F., Pulse 96. Again used dull curette, and irrigated and packed with gauze.

May 20th., 6 P.M., Temp. 103.6° F. Irrigated and gave 10 grains of quinine every 3 hours until 30 grains were given. The depth of the womb was about five inches, and it bled freely when touched with the sound. I gave half a teaspoonful of fluid extract of Ergot every two hours. Bowels had acted thoroughly.

May 21st., 9 A.M., Temp. 101° F., Pulse 84. Sent some of the uterine discharge to Dr. Krauss, of Memphis, for culture and renewed the gauze packing after irrigation.

May 21st., 6 P.M., Temp. 105.6° F., Pulse 110. Abdomen not so tympanitic but lower segment very tender. Gave 20 grains of quinine.

May 22nd., 8 A.M., Temp. 100.2° F., Pulse 108. Gave 20 grains of quinine to keep temperature down in afternoon.

May 22nd., 6 P.M., Temp. 101.6° F., Pulse 96. Telegram from Dr. Krauss reports "staphylococci and streptococci in great numbers." I had 30 c.c. Marmorek serum which I feared was inert from age, but injected 10 c.c. every 4 hours that afternoon, and wired Parke, Davis & Co., New Orleans, for 60 c.c. which came the next noon.

May 23rd., 8 A.M., Temp. 101° F., Pulse 72, Resp. 22.

May 23rd., 5 P.M., Temp. 102.5° F., Pulse 76, Resp. 21.

May 24th., 8 A.M., Temp. 105° F., Pulse 120, Resp. 30. Very nervous and delirious; urine highly colored, sp.gr. 1.010, no albumin. Had a severe rigor about 4 A.M.

May 24th., 2 P.M., Temp. 105° F., Pulse 120, Resp. 32. Injected 10 c.c. serum at once and repeated at 2 hour intervals until 30 c.c. were used.

May 24th., 6 P.M., Temp. 103.6° F., Pulse 115, Resp. 22.

May 25th., 8 A.M., Temp. 101.8° F., Pulse 104, Resp. 22.

May 25th., 5 P.M., Temp. 103.5° F., Pulse 112, Resp. 22.

May 26th., 8 A.M., Temp. 103° F., Pulse 120. Injected 20 c.c. serum.

May 26th., 6 P.M., Temp. 100.6° F., Pulse 104. Injected the last 10 c.c. serum.

May 27th., 8 A.M., Temp. 102° F., Pulse 112.

May 27th., 6 P.M., Temp. 101° F., Pulse 100.

May 28th., 8 A.M., Temp. 99° F., Pulse 84.

May 28th., 6 P. M., Temp. 99° F., Pulse 78.

May 29th., 8 A.M., Temp. 99° F., Pulse 72.

These notes taken from my case book have been condensed very materially, and do not give the whole treatment of the case, except as to the use of quinine and Marmorek serum and the local treatment of the uterus. After the laboratory

report came in the afternoon of the 22nd., and I was assured of the character of the infection, I stopped the womb irrigation and gauze packings, and used a hot vaginal douche twice daily and trusted to the curative power of the serum.

In this case I was forcibly reminded of the observation of Bouchard, that quinine exercises an antypyretic effect in "three diseases only," viz: malarial, typhoid and "one of the forms of puerperal fever," but the repression did not last as long in this case as it generally does in typhoid, which perhaps indicates the intensity of the infection.

A noticeable feature in this case was the absence of odor from the uterine discharge, which is true of streptococcic and staphylococcic infection not mixed with any of the various forms of putrefactive organisms. There was no diarrhœa, urticaria or other untoward symptom which might be assigned to the effect of the serum. Convalescence was rapid and recovery complete.

I contribute this to the literature of serum therapy without comment, as my experience in its use has not been sufficient for me to form an opinion.

ABSTRACTS AND EXTRACTS.

The Proposed Constitution and By-Laws for County Societies.

This Committee was continued at the Saratoga meeting of the Association with instructions to prepare a constitution and by-laws for county societies in conformity with and in continuation of the general plan of organization already adopted for the Association and for state societies.

In submitting the results of its labors the Committee desires to explain that, while the provisions contained in the constitution proposed are deemed essential to good organization, as will be readily seen, some of the provisions contained

in the by-laws are suggestive and educational in character, and may not be applicable to every county or section. In such cases these may be omitted, or others more appropriate substituted for them. In any event the high ideals for the individual physician, and the spirit of courtesy and kindness which should govern him in his dealings with his professional neighbors, as here set forth, are commended for thoughtful consideration.

Serious illness deprived the Committee of the valuable assistance of Dr. Simmons in the latter part of this work. It is sure, however, that the general plan and most of the provisions are in harmony with his ideas. This is shown by the following paragraph penned by him at the conclusion of the report submitting the constitution and by-laws for state societies, with which appropriate quotation this report is closed:

"Much in the by-laws submitted may be regarded as 'preaching,' but it is inserted advisedly with the sole object of arousing in the mind of each medical society member a desire for the accomplishment of greater ends than have been permitted by the customs and forms of the past. The Committee earnestly desires that the state committees will continue the work of perfecting organization, actuated by that love for our profession which its ideals demand. With the medical profession well organized, medical science will more readily step to the high place, and the profession which lives in its atmosphere will have that power and respect in the community that is its right."

J. N. McCormick,
P. Maxwell Foshay,
George H. Simmons,
Committee.

CONSTITUTION.

Article I.—Name and Title of the Society.

The name and title of this organization shall be the—— —— County Medical Society.

Article II.—Purposes of the Society.

The purposes of this Society shall be to bring into one organization the physicians of this county; and by frequent meetings and full and frank interchange of views to secure such intelligent unity and harmony in every phase of their labor as will elevate and effectuate the opinions of the profession in all scientific, legislative, public health, material and

social affairs, to the end that it may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it; and with other county societies to form the ————State Medical Association, and through it, with other state associations, to form and maintain the American Medical Association.

Article III.—Composition.

Every physician residing and practicing in ————and legally registering as such, and who is in good professional standing, shall be eligible for membership.

Article IV.—Meetings.

Regular meetings shall be held monthly (or oftener) at such time and place as may be determined by the Society.

Article V.—Officers.

The officers of this Society shall consist of a President, Vice-President, Secretary, Treasurer, Delegates, and board of (three) Censors. These officers except the Delegates and board of Censors shall be elected annually for a term of one year, and until their successors are elected and installed. Delegates shall be elected for two years; or in accordance with the Constitution and By-Laws of the State Association. One member of the board of Censors shall be elected each year to serve for three years, provided at the first election after the adoption of this Constitution one member of the board shall elected for one, one for two and one for three years.

Artice VI.—Funds and Expenses.

Funds for meeting the expenses of the Society shall be raised by admission fees, annual dues, special assessments and voluntary contribution. Funds may be appropriated by vote of the Society for such purpose as will promote its welfare and that of the profession.

Article VII.—Charter.

The Society shall apply to the State Association for a charter at the meeting at which this constitution and by-laws are adopted, or as soon thereafter as practicable, and the charter shall be kept in the custody of the secretary.

Article VIII.—Trustees and Incorporation.

The Society shall have authority to appoint a Board of Trustees and to provide for articles of incorporation whenever it may deem the same necessary.

Article IX.—Amendments.

The Society may amend any article of its constitution by a two-thirds vote of its members at any regular meeting, provided that such amendment shall have been read in open session at a previous regular meeting and shall have been sent by mail to each member ten days in advance of the meeting at which final action is to be taken.

BY-LAWS.

Chapter I.—Membership.

Section 1. The Society shall judge of the qualification of its members, but, as it is the only door to the State Medical Association and to the American Medical Association for physicians within its jurisdiction, every reputable and legally qualified physician in ———— county who does not practice or claim to practice sectarian medicine, shall be entitled to membership.

Sec. 2. A candidate for membership shall make application in writing and shall state his age, college and date of graduation, the place in which he has practiced, and the date of registration in the state. The application must be accompanied by the admission fee and must be endorsed by two members of this Society. It shall be referred to the Board of Censors, who shall enquire into the standing of the applicant, assure themselves that he or she is duly registered according to the laws of the state, and report at the next regular meeting of this Society. Election shall be held by ballot, and two-thirds of the votes of the members present and voting shall be necessary to elect. The application shall be returned to the Secretary, who shall file it for future reference. Applications for membership from rejected candidates shall not be received within six months of such rejection.

Sec. 3. A physician accompanying his application with a transfer card from another component county society of this or any state within sixty days of the issuance of said card may be admitted without fee on a majority vote of the members present, and without the application being referred to the Board of Censors. Such applications may be acted on at the meeting at which they are presented on the vote of three-fourths of the members present, otherwise they shall lie over until the next regular meeting. No annual dues for the current year shall be charged against such members, provided the same have been paid to the Society from which the applicant comes.

Sec. 4. A physician residing in an immediate adjoining county may become a member of this Society in like manner and on same terms as a physician living in this county, on permission of the county society of the county in which the applicant lives, if there be one, or of the state counsellor for this jurisdiction.

Sec. 5. A member in good standing who is free from all indebtedness to the Society, and against whom no charges are pending, wishing to withdraw, shall be granted a transfer card. This card shall state the date the member associated himself with this Society, the date of issuance of the card, and shall be signed by the President and Secretary. It shall be accompanied with a copy of the application presented at the time the member joined the Society, for information to the Society to which the member desires to attach himself.

Sec. 6. All members shall be equally privileged to attend all meetings and take part in all proceedings, and shall be eligible to any office or honor within the gift of the Society, so long as they conform to this constitution and by-laws, including the payment of the dues to this Society and to the State Association; Provided, that no member under sentence of expulsion shall take part in any of the proceedings, or be eligible to any office until relieved of such disability. And, provided further, that none of the privileges of membership shall be extended to any person not a member of this Society except on a majority vote of the Society in regular meeting.

Sec. 7. A member who is guilty of a criminal offense or of gross misconduct either as a physician or as a citizen, or who violates any of the provisions of this constitution and by-laws, shall be liable to censure, suspension or expulsion. Charges against a member must be made in writing and be delivered to the Secretary, who shall immediately furnish a copy to the accused and to the chairman of the Board of Censors. The Board of Censors shall investigate the charges on their merits, but no action shall be taken by the Board before giving the accused and accusers ample opportunity to be heard. Nor shall any action be taken by the Board within ten days of the presentation of the charges to the accused. The Board shall report (1) that the charges are not sustained; or (2) that the charges are sustained and that the accused be (*a*), censured; (*b*), suspended for a definite time, or (*c*), expelled. Censure or suspension shall require a two-thirds vote of the members present and voting, and a three-

fourths vote of those present and voting shall be required to expel a member. No action shall be taken by the Society in such cases until at least six weeks have elapsed since the filing of the charges. A member suspended for a definite time shall be reinstated at the expiration of the time without action on his part or on the part of the Society.

Sec. 8. Kindly efforts in the interest of peace, conciliation or reformation, so far as possible and expedient, shall precede the filing of formal charges affecting the character or standing of a member, and the accused shall have the opportunity to be heard in his own defense in all trials and proceedings of this nature.

Sec. 9. Members expelled from this Society for any cause shall be eligible for membership after one year from date of expulsion and on the same terms and in like manner as original applicants.

Chapter II.—Powers and Duties.

Section 1. This Society shall have full direction of the affairs of the medical profession of the county, and its influence shall be constantly exerted to better the scientific, material and social condition of every physician within its jurisdiction. Systematic efforts shall be made by each member, and by the Society as a whole, to increase the membership until it embraces every respectable physician in the county.

Sec. 2. A meeting shall be held at —— p.m., on the —— in each month (or oftener). ——— members shall constitute a quorum. The officers and committee on programme shall profit by experience and by the example of other similar societies, and strive to arrange for the most attactive and successful proceedings for each meeting. Younger members especially shall be encouraged to do post-graduate and original research work, and to give this Society the first results of such labors. Crisp papers and discussions and reports of cases shall be arranged for and encouraged, and tedious and profitless proceedings and discussions shall be avoided as far as practicable.

Sec. 3. Agreements and schedules of fees shall not be made by this Society, but at least one meeting during each year shall be set apart for a discussion of the business affairs of the profession of the county, with the view of adopting the best methods for the guidance of all. In all proper ways the public shall be taught that business methods and prompt collections are essential to the equipment of the modern phy-

sician and surgeon, and that it suffers even more than the profession when this is not recognized.

Sec. 4. The Society shall endeavor to educate its members to the belief that the physician should be a leader in his community, in character, in learning, in dignified and manly bearing, and in courteous and open treatment of his brother physicians, to the end that the profession may occupy that place in its own and the public estimation to which it is entitled.

Chapter III.—Officers.

Section 1. The officers of the Society shall be elected at the December meeting in each year, which shall be known as the annual meeting. Nominations shall be made by informal ballot, and all elections shall be by ballot. The vote of a majority of the members present shall be necessary to an election.

Sec. 2. The President shall preside at all meetings of the Society, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession in the county during the year, and it shall be his pride and ambition to leave it in better condition as regards both scientific attainments and harmony than at the beginning of his term of office.

Sec. 3. The Vice-President shall assist the President in the performance of his duties, shall preside in his absence and, on his death, resignation or removal from the county, shall succeed to the presidency.

Sec. 4. The Secretary shall record the minutes of the meetings and receive and care for all records and papers belonging to the Society, including its charter. He shall keep account of and promptly turn over to the Treasurer all funds of the Society which may come into his hands. He shall make and keep a correct list of the members of this Society in good standing, noting of each his correct name, address, place and date of graduation, and the date of certificate entitling him to practice medicine; and in a separate list he shall note the same facts in regard to each legally qualified physician in this county not a member of this Society. It shall be his duty to send a copy of such lists upon blank forms furnished him for that purpose, to the Secretary of the State Association at such time as may be designated by the State Association. In making such lists he shall endeavor to account for each physician who has moved into or out of the county during the year, stating when possible, both his pres-

ent and past address. At the same time, and with his report of such lists of members and physicians, he shall transmit to the State Association his order on the Treasurer for the annual dues of the Society.

Sec. 5. The Treasurer shall receive all dues and money belonging to the Society from the hands of the Secretary or members, and shall pay out the same only on the written order of the Secretary.

Sec. 6. The Delegates shall attend and faithfully represent the members of this Society and the profession in the House of Delegates of the State Association, and shall make a report of the proceedings of that body to this Society at the earliest opportunity.

Chapter IV.—Committees.

Section 1. There shall be a Board of Censors as provided in the constitution, a Standing Committee on programmes and scientific work, a committee on public health and legislation and such special committees as may from time to time be deemed necessary.

Sec. 2. *Board of Censors.* This Board, consisting of three members, one elected annually, shall examine and report on the qualification of applicants for membership, subjecting each applicant to such examination as it may deem necessary. It shall investigate charges made against a member, and report its conclusions and recommendations to the Society. In case of the absence of a member of the Board, the President may appoint some member to fill the vacancy. The senior member of the Board in point of service shall be Chairman of the Board.

Sec. 3. *Committee on Programme and Scientific Work.* This Committee shall consist of the President, Vice-President and Secretary. It shall be its duty to promote the scientific and social functions of the Society by arranging attractive programmes for each meeting and by urging each member to take part in the scientific work. It shall stimulate fraternalism and good feeling among the members in every way possible. (Provision should be made in this Section for lunches, dinners, etc., which the Committee believes to be an excellent way to bring members together. Such occasions should be made as inexpensive as possible.)

Sec. 4. *Committee on Public Health and Legislation.* This Committee shall consist of three members who shall be appointed annually by the President. It shall be its duty to en-

force and support the sanitary and medical laws of the state in this county, to cooperate with the legislative committee of the State Association in all matters pertaining to legislation, and to prosecute quacks and medical pretenders in this county.

Chapter V.—Funds and Expenses.

Section 1. The admission fee, which must accompany the application, shall be $5.00 and shall include the annual dues for the fiscal year, provided that when more than one-half of the fiscal year has elapsed at the time of election of a member, one-half of the annual dues shall be remitted, making the admission fee in such cases $4.00. The admission fee shall be returned if the applicant is not accepted.

Sec. 2. The annual dues shall be $2.00 and shall be payable on January 1 of each year. Any member who shall fail to pay his annual dues by April 1 shall be held suspended without action on the part of the Society. A member suspended for non-payment of dues shall be restored to full membership on payment of all indebtedness. Members more than one year in arrears shall be dropped from the roll of members.

Sec. 3. The fiscal year of this Society shall be from January to December, inclusive.

Chapter VI.—Order of Business.

The order of business shall be as follows:

1. Call to order by the President.
2. Reading of minutes of last meeting.
3. Clinical cases.
4. Papers and discussions.
5. Unfinished business.
6. Miscellaneous business.
7. Announcements.
8. Adjournment.

Chapter VII.—Rules of Order.

The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, unless otherwise determined by vote.

Chapter VIII.—Code of Ethics.

The Code of Ethics of the American Medical Association shall be the Code of this Society.

CHAPTER IX.—AMENDMENTS.

These By-Laws may be amended at any regular meeting by a two-thirds vote therefor, Provided that such amendment has been read in open session at the preceding regular meeting and a copy of the same has been sent to each member by the Secretary ten days in advance of the meeting at which final action is to be taken.

These Constitutions and By-Laws will be supplied, with the name of the Society inserted, and with any minor modifications, at the following prices:

250 or less	$1 00
500	1 75
1,000	3 00

JOURNAL AMERICAN MEDICAL ASSOCIATION, - CHICAGO.

THERAPEUTICS.

Dyspepsia.

The following is Dujardin-Beaumetz's treatment of dyspepsia:

1. When the gastric disturbance is due to oversecretion of gastric juice the diet should consist of eggs, farinaceous preparations, vegetables and fruit. The eggs should be soft-boiled, especially the yelks; the farinaceous food should be taken in the form of soups—as potato, turnip, lentil, wheat, oatmeal, barley and macaroni—all of these, of course, to be rendered as thin as possible. The vegetables should be thoroughly cooked and taken in the form of vegetable soup or soup made of small peas well boiled; the same holds good for spinach and turnip. All fruits, avoiding raisins, should be used in the form of jelly. The bread should be well baked or toasted. As a drink, wine mixed with water, light beer or milk mixed with alkaline waters may be used.

2. When the dyspepsia is due to deficient secretion of gastric juice the diet should be made up of peptonized substances, toasted bread, bouillon, mixtures of broths and milk, powdered meats, scraped meats, pepsin and lemonades with hydrocloric acid made as follows:

℞ Acidi hydrochlor. dil. - - - ℥ii
Aquæ, q. s. ad - - - - Oi
M. Sig.: One glassful after each meal.

3. In dyspepsia due to sympathetic troubles, the diet should be purely vegetable.

—*New York Medical Journal.*

The following is recommended by Hecht to relieve earache:

℞ Acidi carbol. liq. - - - gr. v
Cocainæ hydrochlor.
Menthol, aa - - - - gr. xv
Alcoholis - - - - m. LXXV
M. Sig.: To be dropped into the ear.

—*Medical Record.*

Treatment of Cough.

The following methods of treating cough are quoted in *Therapeutic Gazette:*

℞ Morph. hydrochloratis - - gr. ii
Aq. laurocerasi - - - ℥iiss
M. Sig.: Take from three to ten drops four to six times a day if necessary.

Heroin may be prescribed as follows:

℞ Heroin, - - - - gr. ¼-ss
Sacch. albi - - - - - ℥i
M. Ft. capsulæ No. x. Sig: One capsule to be taken three or four times daily.

In cases where there is marked cardiac debility associated with the cough the following should be administered:

℞ Morph. hydrochlor. - - - gr. ii
Sparteinæ sulph. - - - - gr. vii
Aqua distil. - - - - - ℥iii
M. Sig.: Ten or fifteen drops hypodermically at one dose.

In other instances the following pill may be ordered:

℞ Ext. op (denarcotized) - - gr. iii
Ext. cannabis indicæ - - gr. ii
Ext. stramonii - - - - gr. i
M. Ft. pilulæ No. iv. Sig: One to be taken two or three times daily, if the cough is persistent.

EDITORIAL.

H. H. HARALSON, M.D. E. F. HOWARD, B.S., M.D.

VICKSBURG, MISSISSIPPI.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

Entered at the Postoffice at Vicksburg, Miss., as Second-class Matter.

We publish this month instead of our customary "Abstracts and Extracts" the proposed constitution and by-laws for county medical societies. Under the rules governing the reorganization of the American Medical Association, membership in that body depends upon membership in affiliated state associations and this, in turn, upon membership in county societies. Where no affiliated county or state organization exists, membership in the parent body is obtained as heretofore.

There is now a resolution before the State Medical Association, to be acted upon in Greenville next April, looking to reorganization of that body in order that it may affiliate with the American Medical Association. County societies will then be in order, and if these are organized prior to that meeting, and send to that meeting their properly elected delegates, the entire machine can be put in proper working order to enable delegates who will be really representatives to go to New Orleans in May.

Our profession we must admit is poorly organized. In no other calling is it so truly a case of "Every man for himself and the devil take the hindmost," and if we really want to help we have now an opportunity. For this is no visionary scheme. It is working with great success, *The Transactions of the Medical Association of the State of Alabama*, 1902, reveals a condition of affairs that is astounding. Read the report from Bullock County. *Every white physician in the county is a member of the Society.* Meetings every month. No irregular practitioners. Vital statistics complete as to births. It is a wonderful example, well worthy of emulation.

What if some paragraphs in the proposed Constitution do look to a condition of affairs at which we will never arrive? Are we to cease striving for asepsis because we know

we can never entirely free ourselves from germs? Perhaps the friction and petty discontent, the emulation and jealousy, form the "laudable pus" of which our forefathers used to speak, and are really helping us to develop. At any rate, it is better to strive for high ideals and fail than to drag along forever in the mire, contented with our native dirt.

Should the report of the discovery of the bacillus of summer diarrhœa be confirmed and serumtherapy be enlarged to include this scourge of infancy, the discoverers will have established their right to a place near Crawford Long in the Hall of Fame. That the disease is due to a micro-organism has been for some time conceded. Given a temperature at which bacteria begin to be active and an artificially fed infant, the probability of summer diarrhœa is in direct ratio to the carelessness and ignorance displayed in the preparation of the food. Vaughan and other observers have established the fact that "certain substances may be produced in the milk which are capable of exciting in animals all the symptoms of severe cholera infantum. In the milk which children had been taking when such symptoms developed, the same toxic substances were found. The two diseases to which summer diarrhœa has the closest analogy—typhoid fever and cholera—are both due to a specific infection." This is knowledge of the past century. Heretofore observers had noted forms of bacteria of the proteus group as most frequently associated with cases of the cholera-infantum type, and the ordinary saprophytic bacteria were most frequently found in the others. In some it would appear that the toxins and not the live bacteria were the cause.

The method by which the germs gain entrance may also have some light shed upon it, for although contaminated food is undoubtedly the most common vehicle, it has been observed in one instance at least, and on quite a large scale, that with the tearing up of the streets for the purpose of laying sewers the number of cases of summer diarrhœa in the vicinity was immediately and largely increased. This opens up a train of thought along the lines of prophylactic medica-

cation that, though it may be as visionary as it is premature, may yet be worked out in the future.

We note in the *Memphis Medical Monthly*, October, a "*Claim for Priority in the Suggestion of Serum Therapy*," by Prof. E. H. Randle, of Hernando, Miss. This was presented to the Tri-State Medical Association in November, 1900, and Prof. Randle's claims were considered by a committee of which Dr. Wm. Krauss was chairman. The report of the committee was as follows:

"Prof. Randle claims:

1. The discovery of a law of antagonisms—not antagonisms, for that has been known before.

2. That there is antagonism to every contagion.

3. That this antagonism may be secured and administered to one not immune and give him immunity.

4. This antagonism may be found in the blood of an immune, and by the transfusion of such blood into the veins of one not immune will give immunity to the second person.

5. The adduction of reasons for believing this antagonism to be an antimicrobe and not an antitoxin.

In investigating the first and second claim, it is believed by the committee that the literature of the past century seems to take the existence of this law for granted, though no one was found to have so stated specifically. As to the universality of the law and its application to all the forces of nature, this is a feature with which we as medical men have nothing to do.

Regarding the third and fourth claims, the criticism is offered that they are stated with absolute confidence, although based upon no experiment, and although the original contribution of the writer only offers it as a suggestion. He says: "A chicken having recovered from the cholera is possessed of an antagonism to that disease. Now if its blood be injected into the veins of another chicken, will the antagonism be communicated to the second chicken? * * * Here is a wide field for experiment with all microbic affections and antagonisms."

In the categoric claim he states this as a specific and proved fact, whereas it is only a suggestion. However, this suggestion is not antedated in the literature at our command, and appears to be entitled to absolute priority.

The fifth claim is erroneous and unsupported by any laboratory evidence. On the contrary, its assumption will reopen the fallacy of spontaneous generation.

Respectfully,

WILLIAM KRAUSS, Chairman."

While we sympathize with our brother of Hernando and would like to see Mississippi get her share of honors, we cannot but be glad at the complete quietus put to his claim by the committee. The day is past when discoveries in medicine were made by accident, or by dreamers and theorists. The trained man, the laboratory worker, will make the advances of the future. As we become more exact, as medicine becomes more of a science and less of an art, we come to accept fewer theoretical propositions and to demand conclusive proofs.

Dr. Randle's wail "Why the pathologists of America, who were well prepared for such work, did not take up the suggestion at once and win the honor of the test for themselves, and the honor of the plan for me, I am at a loss to know" would be ludicrous were it not pathetic. Suppose the "pathologists of America" were to run after every suggestion of this kind, what a world of work they would have to do.

A CONVENIENT AND RELIABLE ANTISEPTIC.

Some years ago my attention was called to "Tyree's Antiseptic Powder." This powder is composed of Borate of Soda, Alumen, Carbolic Acid, the crystal principles of Thyme, Eucalyptus, Gaultheria and Mentha.

Every physician needs a convenient and reliable antiseptic in his office. He needs something cheap and at the same time reliable. As to reliability I know nothing superior to bichloride of mercury. It is also cheap, but cannot be used on instruments nor in powder. This objection does not apply to Tyree's Antiseptic Powder. It can be used on wounds in powder or in solution. It is solvent in water, and a package containing eight ounces, which costs only eighty cents, will make eight gallons of standard antiseptic solution. So it is not only convenient and reliable but one of the cheapest antiseptics that the physician can use in his office practice.

It is entirely harmless to delicate surfaces, and the standard strength may be used in vaginal injections or in washing wounds or ulcerating surfaces. J. S. Tyree, the manufacturer of this antiseptic, is a chemist of splendid reputation and he deserves credit for placing before the profession such a convenient, reliable and cheap antiseptic.

H. H. Haralson, M.D.

BOOK REVIEWS.

The Diseases of Infancy and Childhood for the use of students and practitioners of medicine by L. Emmett Holt, M.D., L.L.D., Professor of diseases of children in the College of Physicians and Surgeons (Columbia Unversity) New York; Attending Physician to the Babies' and Foundling Hospitals, New York; Consulting Physician to the New York Infant Asylum, Lying-in Hospital, Orthopedic, and Hospital for the Ruptured and Crippled; with two hundred and twenty-five illustrations including nine colored plates. Second Edition. Revised and Enlarged. D. Appleton & Co., New York.

This old and well-tried friend comes back to us fully revised and partially re-written, taking the place among the various works of to-day that the former edition held among its contemporaries. Much attention is given to pathology and the description of lesions, and drawings and photographs of pathological conditions are freely introduced in the endeavor to supply the student in some measure with clinical material.

It is probably useless to say more about the part devoted to infant feeding than that it has been entirely re-written. This department of pediatrics has probably undergone more change in the past few years than any other branch of medicine, and Dr. Holt is not behind the times. To the young physician who looks upon a baby as something to be kept in cotton or wool for fear it will break, this book is a mine of information. To his older and more experienced brother it will be found a valuable and trustworthy friend to consult.

The Practical Medicine Series of Year Books. Comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustave P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. VIII Pediatrics and Orthopedic Surgery. Edited by W. S. Cristopher, M.D., John Ridlon, A.M., M.D., and Samuel J. Walker, A.B., M.A. The Year Book Publishers, 40 Dearborn street, Chicago. Price of series $7.50.

This little volume consists of abstracts from current medical literature on this subject, and while not complete as a book of reference, as must necessarily be the case in a work so compiled, is an excellent resume of what pediatrists have done of late. It fills out and supplements the material of the larger and more comprehensive text-books more satisfactorily than can be done in any other way. To physicians who have not time for a large amount of reading, nor means to subscribe to many journals, it will be of great value.

A Compend of Human Physiology. Especially adapted for the use of medical students, by Albert P. Brubaker, A.M., M. D., Adjunct Professor of Physiology and Hygiene in Jefferson Medical College, etc. Eleventh Edition. Revised and Enlarged with illustrations and table of physiologic constants. P. Blakiston's Son & Co.. 1012 Walnut street, Philadelphia. Price $0.80 net.

Blakiston's Compends are well-known to every medical student and the fact that this is in its Eleventh Edition amply attests its popularity.

Medico-Legal Bulletin. We are in receipt of the first (October) num ber of this little monthly which is published at Fort Wayne, Ind., by the Physicians' Defense Co.

It is issued "in the interest of the medical profession from a Medico-Legal standpoint," and contains recent legal decisions, answers to questions on Medico-Legal Jurisprudence and special articles for the guidance of the physician.

Mississippi Medical Record.

VOL. VI.] DECEMBER, 1902. [NO. 12.

ORIGINAL CONTRIBUTIONS.

*STRANGULATED UMBILICAL HERNIA: REPORT OF A CASE.

BY LOUIS FRANK, M.D., LOUISVILLE, KENTUCKY.

Umbilical hernia occurs both in the child and the adult, those in children being due to imperfect closure of the umbilical vessels, the hernial protrusion being through the still patulous openings. It may occur during fetal life, and the intestine has been severed in cutting the umbilical cord in such cases. In adults we find it almost exclusively in females, and in those only who have borne children, the cause being abdominal distension due to the uterine enlargement.

The contents of these hernial sacs may vary the same as any other hernia. In congenital umbilical hernia, or those occurring in early life, the omental contents are often adherent, which may also occur in hernia of later development. The ring is of such size that strangulation of either intestinal or omental contents seldom takes place. Incarcerations may frequently occur, and be relieved. When strangulation occurs, gangrene takes place rapidly.

In operating upon strangulated umbilical hernia we are confronted with many difficulties. What shall be done with the strangulated gut? It is almost impossible to establish an artificial anus, the nature of the bowel contents being such that the patient would necessarily starve.

It has been my misfortune to recently meet with a case of strangulated umbilical hernia. No surgical emergency could have been worse; though I anticipated strangulation and considerable trouble, I did not look for the condition found. The smaller loop of intestine removed by resection was fifteen to eighteen inches, the longer loop fully thirty inches, in length.

* Read before the Louisville Surgical Society.

The patient, a female, aged fifty-two years, had a large tumor in the umbilical region to the right of the median line. The history was that she had "always been troubled with rupture." It had become incarcerated, but had been reduced by taxis under morphine or chloroform. She had worn an abdominal binder which did not perfectly retain the sac contents within the abdominal cavity. She was a large woman and very fat; the mother of five or six children. When seen the hernia had become fixed and painful. She attempted by hot applications and postural treatment with gentle manipulation, to reduce the hernia. She was unsuccessful, though she persisted (unfortunately for her) in manipulating the tumor for several hours. She vomited incessantly and repeatedly. Pain increased in intensity and she grew rapidly worse.

I advised immediate operation, explaining the danger of delay. Her pulse was good, and there was but slight elevation of temperature; there was no shock and I believed an operation then would save her life. Operation was refused, and, after administration of one-half grain of morphine hypodermatically, I left. The following morning I was informed she would go to the Infirmary. At 12 o'clock she came into the Infirmary, and at 12:30 we had begun the operation.

I had not seen her since the night before, when the skin covering the tumor was somewhat red, but not more than might be expected from continued hot applications. Placing her upon the operating table the integument covering the sac was found greenish in color; in fact, it was gangrenous. With all possible haste, exercising the greatest care, an incision was made over the most prominent part of the tumor. The sac was opened by continuing the same incision, and two very greatly distended coils of intestine came into view. Considerable dark-reddish, foul-smelling fluid escaped. The contents were markedly gangrenous. Going rapidly down, the neck of the sac was nicked below and also above, but instead of being able to reduce the hernia it was almost impossible to retain the balance of the intestines within the abdominal cavity. The ring was enlarged, but nothing could be done except resection. The Wolfler method was employed, catgut being used as suture material. One end of the intestine, in resecting, was found larger than the other, the upper por-

tion being almost at the pyloric end of the stomach. Cutting away all gangrenous intestine and mesentery, uniting and reducing the intestines, the sac was closed, along with the greater portion of the wound, including the fascia and muscle, by silk-worm gut sutures. The gangrenous hernial sac was dissected out with its adherent omentum, the gangrenous integument cut away, and the skin closed by silk-worm gut sutures, the cavity having been previously packed with iodoform gauze. A drainage tube was inserted at the upper angle of the wound, and the patient put to bed with the pulse almost imperceptible, she having been on the table almost two hours. Strychnine as well as whiskey had been constantly given hypodermatically.

The pulse in the evening of the day of operation was 90; she felt easy and had no pain, and there was only a small amount of sanguineous fluid brought away by aspirating the tube. She was in a fairly good condition the next morning—pulse 108; temperature, 99° F. She remained in about the same condition until evening when the pulse increased in rapidity, and she died at 2 o'clock the following morning, having lived thirty-six hours after the operation. A post mortem was refused. Notwithstanding I was unable to see the result of the intestinal anastomosis, I believe there had been no fecal extravasation, as there was entire absence of fecal odor from the aspirated fluid. There was never any nausea or vomiting after the operation.

In doing an intestinal anastomosis, I do not approve of any mechanical device. Direct end-to-end or lateral anastomosis can be done without devices, and those ingenious mechanical contrivances, Murphy's button, Ramauge's ring, etc., which act by producing gangrene of the intestine, I think inadvisable.

Of the various methods of suturing, the Wolfler, in my opinion, is to be preferred. It is more rapid, less complicated, and absence of leakage is more certain.

Material to be used in suturing: I have found in experimental work on dogs that cat-gut often pulled out. I believe this to be due to two things which should be guarded against; first, tying the sutures too tightly; secondly, placing them too close to the margin of the gut. If the suture

holds for thirty-six hours, success is fairly assured so far as leakage is concerned.

Heretofore cat-gut in my abdominal work has always produced suppuration. After killing one dog upon which I did a resection with recovery, pus was found encysted between two folds of mesentery. The gut used in the case reported is known as the "immaculate cat-gut," made according to Bissel's formula by J. Ellwood Lee, which has been found absolutely aseptic and is the only form of cat-gut I have used without subsequent trouble.

One of my experimental cases died of obstruction after eight weeks, due to non-absorption of that portion of the gut turned in, this remaining as a distinct collar or valve around the entire lumen of the gut. In one case in which the Murphy button was used, it was almost impossible to discover the cicatrix, and while I am not in favor of using the button, this specimen presented the nearest approach to normal gut of any I had seen.

SOME EXPERIMENTS WITH QUININE.

BY H. N. STILPHEN, M.D., OF MAYERSVILLE, MISS., LATELY OF THE U. S. QUARANTINE SERVICE.

Quinine is the chief alkoloid of cinchona. It is an astringent bitter tonic, antiseptic, antiperiodic, antiphlogistic, antipyretic, antimiasmatic, a diminisher of reflex action, a protoplasmic poison, a direct emmenagogue and an oxytocic.

It is rapidly diffused and slowly excreted, being found in the urine a quarter of an hour after administration and for three days afterwards.

It promotes appetite and digestion, and the flow of saliva and gastric juice; long continued, it sets up a gastric catarrh, impedes digestion and causes constipation. It increases the number of white blood corpuscles, but arrests their movements, and prevents acidification of the blood.

In small doses it is a heart stimulant, but in large ones it is a depressant, acting directly upon the cardiac ganglion.

The brain is stimulated by small doses, large ones causing anemia with a sense of fullness and constriction in the

head, ringing in the ears, vertigo, a staggering gait, amaurosis, deafness and great headache, followed by coma, delirium, or in animals convulsions.

The reflex tension of the cord is lowered materially by large doses.

The spleen is reduced in size, and the temperature of pyrexia lowered, though it does not depress the body temperature in health.

In some subjects it causes sexual excitement, in a few cutaneous eruption followed by desquamation. It lessens the excretion of uric acid but not that of urea, and is a uterine stimulant in labor (?)

I will now mention an experiment, with quinine, upon myself, the diet being restricted and the entire amount of urine passed (during each twenty-four hours) being saved and its quantity noted and the amount of urea determined.

During the first six days the urine was saved, its quantity and the amount of urea noted.

The second six days the same procedure was followed as in the previous week with this exception: twenty grains of quinine were taken each day, and its effect upon the kidneys noted.

First Day.—Dose: Five grains every two hours until twenty grains had been taken. Two and a half hours after the first dose of quinine was taken, the effect upon the heart was noticed. There was an increase in the pulse rate of seven beats, and after twenty grains had been taken, there was an increase of ten to the minute. After the entire twenty grains had been taken the pulse rate dropped from ninety to eighty-three beats per minute.

There was marked nervousness, my hand being so unsteady as to make writing difficult.

The ringing in my ears was very marked, with slight headache. There was a feeling of dryness and heat about the fauces, with restlessness, flushed face, dilated pupils and slight amaurosis.

The effect upon the kidneys was very marked. The urine was diminished ten ounces in quantity, and the amount of urea increased one hundred and fifty grains as compared with the first day of the previous week.

Second Day.—Dose: Twenty grains in two doses, two hours apart. On this day my pulse and temperature were normal before any quinine was taken. After taking ten grains the pulse went to ninety-four beats to the minute. Three-quarters of an hour after the second ten grains was taken the pulse rate dropped to eighty-four beats to the minute.

The first symptoms of quinine upon this day were a burning sensation about the eyes and slight headache. The nervous phenomena were not manifest until the second ten grains had been taken.

The same symptoms were present upon this day as on previous days with the additional symptom of vertigo, it being so marked that it was with difficulty that I could walk straight.

The effect upon the kidneys seemed to be more marked in one respect, there was a feeling of heaviness over the kidneys with slight shooting pains that only lasted a short time.

There was a decrease of five ounces in the quantity of urine, and an increase of one hundred and forty-five grains in the amount of urea as compared with the second day of the previous week.

Third Day.—My pulse and temperatnre on this morning were normal. The effect of the quinine was not felt as soon as upon the previous days. The entire amount of quinine (twenty grains) was taken in one dose at eight a. m.

An hour and a half after taking the quinine my pulse was ninety to the minute, and three hours after it had dropped to seventy-nine. The nervous phenomena were increased to such an extent that I could scarcely stand, and when I did I trembled as one would during a chill, so that I was compelled to lie down for some time. The pharnyx was exceedingly dry. There was headache with marked deafness and amaurosis, deep shadows seeming to float before my eyes. This lasted for an hour and gradually passed away.

There was an increase of one ounce of urine and ninety-eight grains of urea as compared with the third day of the first week.

Fourth Day.—The quinine on this day was taken in five grain doses every two hours. The variation in the heart's action was not as marked as on previous days, not rising over

six beats, and did not go below normal. The nervous phenomena were about the same in intensity as upon the third day with this exception: deafness was much more marked and the shadows before the eyes were not so well defined and did not last as long; the dryness of the throat was entirely absent.

There were shooting pains in the region of the spleen, feeling as though an electric current was being passed through my side. These pains disappeared as the general effect of the drug increased.

The urine during the first part of the twenty-four hours was scanty and high colored, not over six ounces being passed the first twelve hours, due to the temperature (which was 74° F.) having some effect upon my condition.

There was a decrease of fourteen ounces of urine and an increase of thirty-one grains of urea on this day as compared with the fourth day of the first week.

Fifth Day.—The quinine on this day seemed to have less effect than the preceding day.

My pulse never varied three beats and the nervous phenomena were almost absent. I was so deaf I could hardly hear anything, but the general conditions seemed to be an improvement over the other days.

There was very ltttle trembling of the extremities, no spots of consequence before the eyes, no dryness or heat about the mouth or pharnyx. The only disagreeable feeling was sick stomach and general weakness. The amount of urine passed was normal. The urea was increased nine grains.

Sixth Day.—The quinine on this day was taken in one dose at eight a.m. My pulse rate was increased four beats during the first two hours, dropping to seventy-nine beats three hours after the first dose.

The nervous phenomena were more marked upon this day than on previous days,—due to more exertion on my part.

After taking the quinine I walked three-quarters of a mile very rapidly, and on reaching the hospital I assisted in an operation. A very short time after entering the operating room the effect of the quinine was felt, and the warmth of the room seemed oppressive, diaphoresis was profuse, keeping some one constantly wiping my face to prevent the sweat

from dropping into the wound. The sweating was so profuse that in a short time my underclothes were soaked. Shortly after diaphoresis came a feeling of weakness and faintness, nervousness very marked and deafness almost complete. Amaurosis present, but not as marked as on the third day. There was slight headache and vertigo.

The effect upon the kidneys was very marked. Sharp pains of a shooting character were present and a heaviness as if a weight were upon them. The urine was diminished in quantity sixteen ounces and the urea was diminished one hundred and sixty grains, as compared with the sixth day of the preceding week.

Day of Month.	Amount of Urine Passed in 24 H'rs.	Specific Gravity.	Total Amount of Solids.	No. of Grains of Urea in 1 Oz. of Urine.	No. of Grains of Urea Per Day.	Temperature of Each Day.	Condition of Weather.
January 1	40 oz.	1.024	2.18	6.	240	60	Rainy.
" 2	40 "	1.024	2.18	6.	240	50	"
" 3	35 "	1.022	1.80	8.5	297	48	"
" 4	48 "	1.024	2.52	7.5	360	59	"
" 5	37 "	1.026	2.30	9.5	351	50	Clear,
" 6	48 "	1.030	3.23	11.	528	58	"
QUININE TAKEN TWENTY GRAINS DAILY.							
January 7	30 oz.	1.030	2.03	13.	390	64	Clear.
" 8	35 "	1.026	2.15	11.	385	66	"
" 9	36 "	1.024	1.96	11.	395	70	"
" 10	34 "	1.030	2.30	11.5	391	74	Cloudy.
" 11	48 "	1.020	2.19	7.5	360	74	Clear.
" 12	32 "	1.028	1.05	11.5	368	70	"

1st day 20 grs. of quinine taken in 5 gr. doses every 2 hours.
2d " 20 " " " " 10 " " " 2 "
3d " 20 " " " " 1 " at 8 a. m.
4th " 20 " " " " 5 " " every 2 hours.
5th " 20 " " " " 10 " " " 2 "
6th " 20 " " " " 1 " at 8 a. m.

Comparing the days of each week gives an increase of
150 grains of urea on the 1st day of the second week.
145 " " " " " 2d " " " " "
98 " " " " " 3d " " " " "
31 " " " " " 4th " " " " "
9 " " " " " 5th " " " " "
160 " " " " " 6th " " " " "

On the 6th day of the second week the amount of urea was diminished as compared with that amount passed on the sixth day of the first week.

URINE.

Total amount	of	urine	passed	the first	week,	248	ounces.
Average	"	"	"	"	per day	"	"	41	"
Total	"	"	"	"	the second	"	"	215	"
Average	"	"	"	"	per day	"	"	35	"
Total	"	"	"	"	both	"	"	463	"

UREA.

Total amount	of	urea	passed	the first	week,	2016	grains.
Average	"	"	"	"	per day first	"	"	336	"
Total	"	"	"	"	second	"	"	2289	"
Average	"	"	"	"	per day sec.	"	"	381.5	"
Total *increase*	"	"	*the second*			"	"	271	"

Diet.—Breakfast: Oat meal and milk, grits, beefsteak and rolls. Lunch: Ham Sandwich. Dinner: Soup, roast beef, rice, potatoes and dessert.

No drink except water, average being five glasses a day.

At the end of three days after the quinine was stopped the amount of urine and urea was normal. There was no deleterious after-effect.

The object of this experiment was to find the direct action of quinine upon the kidneys by comparing the results obtained during the different weeks. It will be seen that there is a marked diminution in the amount of urine, with an increase of urea, in the second week, showing that twenty grain doses of quinine will effect the kidneys.

From this result I would say that the use of quinine was contra-indicated in all forms of acute and chronic affections of the kidneys and liver, especially in acute uremia, atrophy of the liver, hematuria, yellow fever, etc.

The principal effects of quinine upon the liver and kidneys, when small doses are taken, are secondary. The acceleration in the heart's action causes an increase of blood in different parts of the body, and we have a condition of hyperaemia, this being very marked in the liver and kidneys, causing primarily an increase in function.

Experiments and pathological facts point to the liver as the probable organ engaged in urea formation; if this be true the increase in the amount of urea is explained by the hyperaemic condition of the liver increasing its activity and thereby the production of urea.

ABSTRACTS AND EXTRACTS.

Measles.

Archives of Pediatrics, March, quotes the following abstract from the *Medical Record*: "*The Koplik's Spots in Measles.* Emil Feer says (*Correspondenz-Blatt fur Schweizer Aerzte*) that the so-called "Koplik Spots" in the pre-eruptive stage of measles is almost universal and is of great diagnostic importance. These spots vary greatly in size, but the original description of them given by Koplik is amply sufficient for their determination. The time of their appearance is somewhat variable. The author observed 75 cases, in 16 of which they were first noticed one day previous to the eruption; in 9 cases, two days previous; in 4 cases, three days previous; and in 1 case, four days previous. In 30 cases they were not present until the first day of the eruption, and in 7 cases not until the second day. So far as Feer's observations extend, these spots are not found in other diseases. Especially is this the case in German measles. Here their absence or presence is a valuable differential diagnostic sign. They are also of great prophylactic value, as by their means cases may be isolated before the eruptive stage, and the other members of the family protected."

Dr. Brownson writes, in *Charlotte Medical Journal*, of January, of Koplik's spots as follows:

The sign described by Koplik is an eruption which appears upon the buccal mucous membrane of the cheeks and lips, and which precedes the manifestations upon the skin from one to five days.

A good light is necessary to make the examination successfully. The mucous membrane of the cheeks should be everted; then on the buccal or labial mucous membrane two or three or a half dozen small irregular bright red spots are seen, and in the center of each spot a minute bluish white speck. This makes the diagnosis of measles certain, for in no other condition of health or disease are such spots found.

In ten cases I had the opportunity to examine for the eruption before there was any skin lesion. These cases ranged in age from two months to thirty-five years, and in all of them the spots were discovered from six hours to three days before the eruption upon the skin; in two or three of them the course of the cycle was observed from the time one or two very minute, almost imperceptible, grayish-white

spots appeared, increasing in numbers until they were countless, and gradually disappearing before the skin eruption had faded.

On premonitory symptoms Guinon, *Rev. Mens. des Malad. des Enfants*, April, 1901, says that notable loss of weight occurs in many cases. It begins on the third, fourth or fifth day of incubation and continues for six or seven days. Another sign is the increase in the number of leucocytes, a day or two previous to the catarrhal symptoms. During the period of eruption, however, the number of leucocytes falls below the normal. Koplik's spots are not of as much importance as an erythemato-pultaceous stomatitis of the cheeks and gums, which consists of redness and swelling of the mucous membrane of the gums and inside of the cheeks, which are covered with a pale, opalescent, easily detached, whitish, epithelial coating. It precedes the eruption very often and is a trustworthy premonitory symptom.

Kerr in *Brooklyn Medical Journal*, August, 1902, gives the following as cardinal points in the diagnosis of Rubeola:

Previous infection. Exposure. The period of incubation—eleven days. The appearance of the eruption first about the neck, face and wrists. Indistinct mottling; then pale red macules, round, oval or irregular in shape, but seemingly not elevated. Later the color grows more intense, up to a deep red, and they become distinctly elevated. The papules tend to group themselves in curved lines, forming the well-known crescentic eruption of measles.

"Between an early mild scarlatina and a rubeola, the diagnosis is not so easy. The main points to depend upon are the much longer prodromal stage in rubeola, lasting three to four days; the existence of a dry, hard cough, with usually white coated tongue, photophobia and absence of adenopathy. An examination of the mouth will show typically distinct conditions before the appearance of the exanthem."

"The presence of Koplik's spots is sufficient evidence of measles."

J. C. Wilson, *Lancet*, June 25, 1902, says that malignant measles is rare. It is a specific eruptive fever. The primary eruption appears on the neck and face on the second day of the illness; the secondary on the body, face and limbs on the fourth day and the tertiary on the arms and legs, or the legs only, on the sixth day when the fever subsides. The primary eruption is a rose-red rash, the secondary is miliary and papular and the tertiary consists of small coalescent wheals. The more severe form of the disease chiefly attacks

adults. It is contagious and epidemic, but seldom associated with catarrh or desquamation, and is characterized by intense pains in the back, head and orbit on the third and fourth days. The period of incubation is less than seven days. Sequelae are intense weakness, loss of appetite, soreness in the back and sides, giddiness, loss of taste and subcutaneous hemorrhage from the capillaries of the lower extremities.

Fischer, *Medical Record*, April 12th., divides the treatment of measles into (1) Hygienic, (2) Medicinal and (3) Dietetic.

The first consists in guarding the child from any unnecessary exposure to heat or cold, with thorough disinfection of discharges from the nose, ears and mouth, and securing rest and quiet. If there is an exanthema, mild diaphoretic treatment may be indicated. He advises the use of liquor ammonii acetatis in half dram or dram doses every one or two hours to produce diaphoresis. If the temperature is below 102° F. no further drug treatment may be required. It is important to watch the stomach and bowels, hence stimulation of the emunctories will be urgently demanded in this pre-eruptive condition. All the body functions must be carefully watched. For the medicinal treatment, he suggests one-drop doses of tincture of aconite when it is necessary to have both the antipyretic and diaphoretic effect. In very weak or rickety children great care should be used, and where convulsions are likely to occur hot mustard foot baths and the ice bag or cold applications to the head should be used and bromid of sodium in 10-gr. doses given by the mouth if the nervous symptoms are severe. For vomiting he would give the stomach rest, resorting to rectal alimentation and medication if necessary. Great care should be taken in the use of purgatives. Phosphate of sodium, from 10 to 30 gr. in water, is a useful laxative, and so are small doses of citrate of magnesia. Very small doses of calomel, 1–10 gr., two or three times a day may also be used. We should remember that intestinal catarrh is one of the dangers of the disease. Water should be given liberally; fruit juice may be added to it. When the nose and pharynx discharge freely and irritate the child, irrigation with some bland antiseptic, such as 1 per cent. boric acid solution, is useful, but if there is a catarrh involving the nose and throat as well as the bronchial mucous membrane, and the accumulated secretion is annoying, an emetic is advised. For the distressing cough, especially at night, steam, impregnated with eucalyptus or oil of thyme, and small doses of codein can be employed. Two or three grain doses of chloral hydrate can be used for a child three years old. He has had little good from heroin and sometimes unfavorable symptoms. The complication of pneumonia requires sympto-

matic treatment. High fever may require tepid sponging or local tepid pack, but cold baths and cold packs do not seem so well borne as in other febrile diseases. The oiled-silk jacket, if the case is not an abnormal febrile type, covering the whole thorax and applied next the skin is very valuable. Dry cups applied posteriorly are usetul for dyspnoea. If the child is nursing, breast milk is the diet to be used. In case of bottle-fed babies the greatest care must be exercised in feeding. With gastric symptoms the interval should be increased and a smaller quantity administered. When violent gastric symptoms prevail in spite of all precautions, absolute rest of the stomach is necessary and rectal feeding should be used if required. In older children buttermilk may be substituted for milk and concentrated foods such as cream and butter may be given. Thus a small quantity of cream rather than a large quantity of milk, if the stomach will tolerate it, will be beneficial. Soups, broths, eggs and paps ot oatmeal and milk are indicated. In older children calf's foot jelly, chicken jelly, raw scraped steak and oysters, in addition to broths and milk and cream, may be allowed. Fruit and fruit juices may be given ad libitum. The convalescence and restoration to the normal condition depends on the nutrition rather than on drugs.

"Influenza with measles.—Inflammations of the respiratory tract are very common with measles. Suesswein reports twenty-one cases of measles complicated with affections ot the respiratory passages, in ten of whom influenza bacilli were found. This great number of cases shows how frequently influenza occurs with measles. Five of these patients died. The occurrence of mixed infection makes the prognosis bad. While it would be well to divide the cases of measles with influenza from those ot simple, uncomplicated measles, the differentiation is often impossible."—From *Wiener Klinisch. Wochenshrift* in *Philadelphia Medical Journal*, February 8.

Dr. McDowell in *American Medicine*, February 15th., 1902, reports a case of atresia of the labia majora and vagina following measles. "There was seemingly no entrance to the vagina; upon closer observation a very small round opening was seen near the upper angle of the labia majora, about one inch above the clitoris. Through this small opening came urine and menstrual flow." The author cites this as showing the importance of closely watching patients suffering from an attack of measles, owing to the great liability of the mucous membranes, especially in the young, to develop inflammation and subsequent adhesion.

Concerning the persistence of the germ, J. H. Adams, *Archives of Pediatrics*, July, 1899, writes that in a family in which four children had measles, the clothes, bedding and apartments were carefully disinfected. A fifth child was born thirteen months later and was wrapped in a blanket that had been used during the outbreak of measles but had been stored away ever since. On the tenth day the infant developed measles.

V. M. Richards, *Therapeutic Gazette*, July, 1888, writing of the sources of infection arrives at the following conclusions:

1st. Measles are spread by actual contact with the *materies morbi.*

2nd. A case in the stage of incubation may inoculate those who are unprotected.

3rd. It cannot be carried by a protected person coming from a case of the disease to a susceptible person.

4th. It does not spread through the atmosphere.

5th. Strict quarantine will prevent it.

Writing of methods of contagion Josias, *La Semaine Medical*, March 9, 1898, says that when the nasal fossae or the throats of monkeys were touched with mucus obtained from children with measles in the first two days of the eruption, three out of eight animals presented local and general symptoms resembling those seen in human measles.

At the meeting of the Harvard Medical Society of New York City, January 25th., 1902, "Dr. Foote said that he had recently consulted a prominent specialist with regard to measles in children, and had been told that the disease practically never occurs before the age of six months. He asked for the experience of others with regard to the occurrence of the disease in early infancy.

Dr. Bryant said that in his connection with the Hospital for Contagious Diseases he had seen a number of cases of measles in children under six months of age. Besides this he had seen a number of relapses of the disease and thinks that measles provides the least protection against a second attack of any of the infectious diseases of childhood. In one case Dr. Bryant had seen five relapses of measles, after each of which the patient was free from rash at least one week before the new crop of measles lesions appeared. He has also seen patients suffer successively two or three attacks of the disease."—*Medical News.*

Archives of Pediatrics, March, abstracts the following from an article in *British Medical Journal*:

"Children with an alleged history of measles are very prone to be stricken by "second attacks." The latter may

possibly be examples of german measles, or of so-called "fourth disease," they occur nevertheless. While these second attacks simulate rotheln, the author is inclined to believe that the patients are really subjects of a recrudescence of measles. Koplik's spots are sometimes in evidence in these cases. Everything goes to show that these children are stricken a second time by the original disease."

Of relapse in measles articles in *Bulletin Medical*, January, '96, give the following:

Chauffard & Lemoine report eleven cases with relapse occurring in two epidemics observed about the same time. It would appear that overcrowding was more the cause of the relapse than the increased virulence of the germ.

Silvester reports two cases of undoubted recurrence.

Comby observed seven hundred cases without a single case of relapse or recurrence.

Archives of Pediatrics, July, abstracts the following from *Arch. de Med. des Enf.*:

"In seventy-five cases of measles bacteriological examinations of the throat were made to determine the presence of the diphtheria and pseudodiphtheria bacillus. In forty-two per cent. of the cases an organism having all the cultural and morphological characteristics of the Klebs-Leffler bacillus was found, but it was rarely virulent except in cases of complicating croup or pseudomembranous angina. Symptoms of croup may occur in measles patients and neither diphtheria nor pseudodiphtheria bacilli be found. The morphology of the bacilli and their growth on serum, agar and broth give no indication of their virulence or non-virulence.

As a prophylactic and therapeutic measure it is well both in hospital and city practice to give every measles patient a preventive dose of antidiphteritic serum."

Pediatrics, April 15, takes the following from *American Medicine:*

Measles in Alaska.—The great mortality among the natives of Western Alaska during the year 1900, which has been variously attributed to grippe, epidemic pneumonia, smallpox, etc., has been found to have been due to an epidemic of measles. The disease, which was epidemic in various fishing villages on the eastern coast of Siberia, is supposed to have been carried by infected natives on whaling vessels to the mainland of Alaska and the adjacent islands. The disease spread until it covered the whole territory occupied by the Eskimos and the Aleuts. At Nome a few cases appeared among the white population, but there was no mor-

tality; on the other hand the natives succumbed readily to the pulmonary complications and sequels of the disease, the death rate in the recorded cases reaching fifty per cent. At Kuskowim the entire native population was affected, with a mortality rate of not less than thirty-three per cent. The disease as observed among the Aleuts at Unalaska presented the ordinary clinical picture but a severe bronchial involvement marked the fatal cases, which reached forty per cent. of the population. The lowest death rate was in the small and isolated island of Akutan; here the entire population of sixty-four persons contracted the disease, with only two deaths, both children. A review of the statistics is interesting, as the extreme susceptibility of unprotected people to infectious diseases and the consequent depopulation is clearly demonstrated.

THERAPEUTICS.

Of the management of measles Corbett in "Acute Infectious Exanthemata," says:

As soon as the disease is recognized the patient should be put to bed in a large well-ventilated room. It is noticeable that foul air tends to the aggregation of bronchial symptoms. It is advisable to keep the air moist.

The temperature of the room should kept at 68° to 70° F. It is not advisable to exclude the light entirely. On no account should the eyes be used for reading or other close work until after complete recovery.

The nurse should dress in some washable material. The bed linen and clothing of the patient should be changed at frequent intervals. The patient's body should be sponged daily with tepid water. The mouth and throat should be cleansed with some mild disinfectant.

The patient should be kept in bed until after desquamation has taken place.

The use of the tepid bath is not only grateful to the patient bnt of actual value as a therapeutic measure.

To assuage the thirst cool water may be given freely and at frequent intervals. Slightly acidulated beverages are usually craved and may be given freely.

The diet should be simple and suited to the age and general condition of the patient. Alcohol is seldom indicated in uncomplicated measles.

EDITORIAL.

H. H. HARALSON, M.D. E. F. HOWARD, B.S., M.D.

VICKSBURG, MISSISSIPPI.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

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It will be rembered that when we announced, in our October issue, the appointment of Dr. H. M. Folkes, of Biloxi, to the State Board of Health we added the possibly unnecessary comment that he "should make a valuable member." This was not intended as a mere compliment *en passant*, nor was it simply a guess, but was based on our personal knowledge of Dr. Folkes and the high ideals that he entertains. He has lost no time in getting into action, as the following circular letter will show:

"BILOXI, MISS., October 20, 1902.

TO THE MEDICAL PROFESSION OF THE SIXTH CONGRESSIONAL DISTRICT:

Believing that receiving fees for examination to practice medicine in this state carries with it an obligation to see the law enforced, I have retained a lawyer to prosecute all violators of the Medical Practice Act in my district. Any one knowing of any violations of this Act will please secure necessary data to convict, and upon receipt of information I will make affidavit against said party or parties, and send attorney there to prosecute. Prompt, vigorous action is the only way to put a stop to the continuous infractions of the ample and adequate laws we now have bearing upon this subject.

Respectfully,

H. M. FOLKES, M.D.

Member State Board of Health, Sixth Cong. Dist.

While this is doing more than is necessary, as we construe the obligation, it is nevertheless the promptest way of managing such infringements and deserves the hearty cooperation of the profession in the district, for district attorneys do not always prosecute vigorously, nor do grand juries always indict. A case occurred not long since in which the grand jury of Warren county failed to indict because one of the defendants was a woman—we might add, a young and

not unlovely woman. In justice to our district attorney, however, we must say that he brought the case up a second time and, having a jury that was not so easily swayed by sentiment, secured an indictment. But in this case, and in two other cases, the total number of individuals being five, the offenders escaped unpunished, the officials being satisfied with their removal. This is not as it should be. In justice to ourselves we should see that these cases are pressed, and pressed promptly. Merely running the offenders out of the community does little good. As long as they know that they can make money for six months or so, while the grand jury hangs fire, and then escape unpunished, illegal practitioners will come. As a rule they do not care to stay in one place for more than six months. By that time the credulous individuals who are forever running after new gods, become tired, the flashing advertisements in the local newspaper ceases to pay, and the "celebrated physician" steals away in the night, leaving his landlord, his butcher, and his grocer all anxious to learn his whereabouts.

The following editorial clipping from the *Journal of the American Medical Association* may give some hints to those who wish to assist in this work:

"The Wrong and Right Way of Prosecuting Illegal Practitioners.—In a certain town in a western state a "cancer doctor," with no medical qualification, was pretending to cure not only cancers but other diseases also. On the instigation of some physicians he was arrested, taken before the justice court and fined. His lawyer appealed to the district court and there the decision of the lower court was affirmed, but the attorney carried it to the supreme court. Meanwhile, the illegal practitioner kept on his work unmolested. In course of time the case came up before the supreme court, but those interested neglected to employ an attorney to follow it up, with the natural result that the case was thrown out and the cancer quack is still practicing in the same town; the physicians, disgusted at the outcome, are doing nothing there to suppress him. A few months afterward, a Chinaman started with effective advertising and patients rushed to him. A few of the physicians employed a young attorney, who promised to carry the case through, and rid the town of the Chinaman. He secured the names of some of the patients and had the Chinaman arrested, using one patient as witness. The Chinaman was fined, but appealed to the district court, giving bonds. The following day he was arrested

and again fined. The day after he was arrested twice, each time new witnesses in the form of patients being urged to appear against him, and additional fines were assessed and bonds required. Then the Chinaman's attorney went to the physicians' attorney with a demand to know what he proposed to do, as the bonds given in each case were amounting to quite a sum. The Chinaman's attorney was informed that his client would be prosecuted so long as he practiced illegally and that the case would be followed to the supreme court if necessary. With that the Chinaman suddenly left the town and has never been heard of since. We give these as examples of two ways of enforcing the medical laws."

It is a cause of deep regret that the case of the osteopath Hayden, of Corinth, appealed from the circuit court of Alcorn county, should have been dismissed on a technicality. The question whether the practice of osteopathy is, under our laws, the practice of medicine is one on which a ruling by the supreme court is badly needed. When we have received such a decision, and no honest judge with the faintest smattering of law could fail to decide against the osteopaths, our district attorneys will have something on which to work and our grand juries will be forced to indict. These gallery stars base their claim to immunity on the fact that they give no medicine and practice no surgery. The fraud is evident upon its face, for the practice of medicine is by no means limited to the administration of drugs and the use of the knife. The practice of medicine is the *treatment of disease* in the broadest sense, the physician to decide by what method the diseased condition can best be treated. The osteopath does treat diseases—therefore he practices medicine. We trust that our brothers of Alcorn will bring the case back to the supreme court, freed from the disabling technicality, and wish them success in their work. By pressing the case they will impose upon the profession of the state a debt of the deepest gratitude.

We have noticed with considerable interest that physicians in various communities have resorted to the black-list, and we will watch with even more interest for the out-come. These gentlemen will confer a great favor on the profession at large if they will make their results public. We con-

stantly note some change, supposedly an advance, in the old established methods, but since the scheme invariably hides itself from view immediately after its inception and we can never unearth the least trace of it, we generally conclude that another failure has been scored. If it would work the black-list would furnish an ideal solution of the difficulty; but since doctors are human as well as are their patients, it will probably only show satisfactory results after the millennium—and then we will not need any black list. The physicians of Moline, Ill., have naively inserted in their rules the surest way to make the whole business a howling farce by announcing that "the rule is to be suspended in case of emergency." We venture to predict that emergencies will be of frequent occurrence in the future in Moline.

The report of the discovery, by a young physician of Brussels, of the serum of whooping cough opens one more door to the scientific treatment of disease. The conscientious physician cannot but regard with disgust the mere treatment of symptoms, and look hopefully to the time when scientific methods will prevail. Medicine will probably never become an exact science, but each year's work brings us nearer and nearer to the desired goal, and leaves us with fewer and fewer blots on the escutcheon of our professional knowledge. We can hardly hope that serum-therapy will ever include all contagious and infectious diseases, but all honor should be given to him who places a stepping-stone in the path.

Dr. J. M. Smith, of Poplarville, having been reported to Dr. Folkes for practicing without a license, was arrested, tried, found guilty and sentenced to pay a fine of $25.00. He was also warned by the Justice that the fine would be doubled for any subsequent offence.

This was an especially aggravated case, the doctor having been engaged in the illegal practice of medicine for the last seven years, despite the efforts to indict him, for owing to his immense number of relatives it was absolutely impossible to bring him to justice.

BOOK REVIEWS.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by Leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M.D., Chicago; Alexander D. Blackader, M.D., Montreal; H. C. Wood, M.D.. Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M.D., Paris; Thomas G. Morton, M.D., Philadelphia; James J. Walsh M.D., New York; J. W. Ballantyne, M.D., Edinburg, and John Harold, M.D., London, with Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. J. B. Lippincott Company, London. Cloth, $2.00. Volume 3. Series 12.

This volume contains several articles of special interest. Under the head of therapeutics we find "The treatment of typhoid fever," by O. T. Osborne, "The treatment of morphinism," by T. D. Crothers, and some "Practical hints." Dr. Osborne's article takes the case from the very beginning—from the time the diagnosis is made—and carries it through the stage of convalescence. The handling of soiled bedding and of dejecta receive appropriate attention, directions are given as to the general care of the patient and the question of diet receives full treatment. The Brand method of reducing temperature does not find favor in private practice. It requires three assistants and the personal supervision of the physician. Generally sponging will be found sufficient. Management of the bowels and stimulation are fully considered, hints are given as to the management of the convalescent and the sound advice 'never to feel safe until the patient has been ten days free from fever' is reiterated.

Of interest under the head of medicine is the article by A. S. Thayer, "To what extent can general practitioners make use of the newer diagnostic methods." We need hints along these lines almost as badly as, if not worse than, a knowledge of the methods themselves.

Dr. Tuttle contributes an article on his well-known specialty, to the section on surgery; which, taken together with the article on similar lines by Dr. Pennington, makes the volume of unusual interest to rectal specialists.

Dr. Borrissof considers the functions of the digestive glands, basing his work on the researches of Prof. Pavlof and his pupils. This is a continuation of the article in the last volume of this work and consists of discussions of the pan-

reas, the passage of the food from the stomach into the duodenum, the flow of bile into the duodenum, and the intestinal juice.

The Ready Reference Handbook of Diseases of the Skin, by G. T. Jackson, M.D., Eighty Illustrations and Three Plates. Fourth Edition—1901. Lea Bros. & Co., New York and Philadelphia,

Four editions in nine years speaks well for any book, and recent advances in dermatology call for more and more revisions of old texts. Dr. Jackson has met these advances by the addition of several new sections and much revision of old material.

A rather unusual feature, but one that is coming much into vogue and that experience teaches us is not without wisdom, is the alphabetical arrangement of the diseases treated. This arrangement lends itself to ready reference.

Debatable questions are avoided. Pathology and etiology are to a great extent ignored and stress is laid on symptomatology, diagnosis and treatment; thereby decreasing the value of the book from the standpoint of the more careful student but infinitely increasing it to the busy practioner.

The Practical Medicine Series of Year Books edited by Eminent Specialists and Teachers under the general editorship of Gustavus P. Head, M.D., comprising Ten Volumes on the years progress in Medicine and Surgery. Vol. 1.—General Medicine, edited by Frank Billings, M.S., M.D., and J. H. Salisbury, M.D. The Year Book Publishers, 40 Dearborn street, Chicago. Price $1.50. Price of series $7.50.

This little volume is the first of a series of ten to be published during the next twelve months and which is to take the place of the bulky one-volume Year Book of the past. By purchasing the series one becomes the possessor of a complete Year Book, while the buyer who looks along only one line is accommodated with a small volume on the subject desired instead of being compelled to purchase so much, to him, dead weight as heretofore.

One looks for a good selection on general medicine when the choice lies with Dr. Billings, and as the literature on the subjects treated has been pretty voluminous in the past year he has had ample material on which to exercise his well-known ability. Especially happy at this season of the year has been his selection of articles on tuberculosis, pneumonia and diseases of the bronchi and pleura. Variola and vaccinia, too, have an interest for us with the advent of cold weather and septicemia, like the poor, we have with us always.

Those who see few foreign journals will regret that more space is not allowed to diseases of the ductless glands, but

the articles chosen very fairly represent the year's progress in this direction.

The remainder of the subjects treated are of more than usual interest, and the whole makes up a collection that, for a Year Book, is fairly considerable.

The Physician's Visiting List, 1903 (Lindsay & Blakiston). P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia.

That the popularity of Blakiston's Visiting List is well founded is shown by the fact that this is its fifty-second consecutive publication. Besides the valuable and well-tried contents for which this little book is so noted, two new features have been added—the section on chemic, pharmaceutic and therapeutic incompatibility, and the page devoted to the immediate treatment of poisoning. The whole comprises a fairly complete and very compact reference memorandum that bids fair to surpass its predecessors in popularity.

Mortuary Report of Vicksburg.

(Computed from the monthly report of the City Physician)

FOR OCTOBER 1902.

CAUSE	White		Colored		Total
	Male	Female	Male	Female	
Accident (railroad)	1				1
Cancer				1	1
Cardiac diseases (unclassified)				2	2
Cerebritis				1	1
Gastritis, acute				1	1
Hernia, strangulated umbilical				1	1
Hodgkins' Disease			1		1
Malaria (unclassified)	1	1			2
Malarial Toxaemia				1	1
Marasmus				2	2
Meningitis			1		1
Pulmonary Tuberculosis			1		1
Peritonitis				1	1
Premature birth				1	1
Senility				1	1
Septicemia				1	1
Cause not given				2	2
	2	1	3	15	21

Population of the city (estimated)—Whites, 7,500; colored, 7,500; total, 15,000.

INDEX TO VOLUME VI.

ABSTRACTS AND EXTRACTS.— PAGE

Constitution and By-Laws for County Societies 280
Diphtheria 260
Gonorrhœa 7
Infant Feeding 242
Malaria 171
Measles 306
Mosquitoes 140
Smallpox 37
Smallpox (continued) 59
Syphilis 83
Syphilis (continued) 110
Summer Diarrhœa of Infants 209

BOOK REVIEWS.—

Compend of Human Physiology 296
Diagnosis of Surgical Diseases 152
Diseases of Infancy and Childhood 295
Diseases of the Skin, Handbook of 318
Drug Habits and their Treatment 102
Freethinkers' Manual 186
Handbook of Appendicitis 102
International Clinics, Series 11, Vol. 4 73
" " " 12, " 1 155
" " " 12, " 2 274
" " " 12, " 3 317
International Medical Annual 153
Manual of Childbed Nursing, with Notes on Infant Feeding ... 154
Manual of Prescription Writing 75
Medico-Legal Bulletin 296
Physician's Visiting List 319
Practical Medicine Series of Year Books, Vol. 9 253
" " " " " " " 8 296
" " " " " " " 1 318
Studies in the Psychology of Sex 74
Syphilis, a Symposium 103
System of Physiological Therapeutics, Vol. 3 19
" " " " " 6 73
" " " " " 9 184
Transactions of the Louisiana State Medical Society 75
Transactions of the Southern Surgical and Gynecolog. Assn ... 154
Treatise on Anus, Rectum and Pelvic Colon 273
Treatise on Smallpox 184

EDITORIALS.— PAGE

Adjudged Guilty 97
Ambulance Chasers 48
American Medical Association 269
Antiseptic, a Convenient and Reliable 294
Bacillus of Whooping Cough 316
Biloxi Sanitarium 219
Black List, The 316
Claim for Priority in Serum Therapy 293
Cold Abscess 269
County Societies 291
Determination of Sex 271
Dr. Brownrigg 100
Dr. Carnes 220
Dr. Folkes on Illegal Practitioners 313
Examination of Applicants to Practice Medicine in Miss'pi ... 147
Gonorrhœa 15
Hospital and Dispensary Evils 69
Hay Fever, Preventive and Curative Treatment 181
Illegal Practitioner Fined 316
Journalistic Courtesy 152
Mississippi State Medical Association 71
Mississippi State Medical Association, Proceedings of 119
Mosquitoes and Yellow Fever 16
Natchez Hospital 47
National Examining Board 150
Osteopath's Case Dismissed 315
Professional Etiquette 273
Public Health Reports 218
Quarantine and the Mosquito 118
Reorganization of State Charity Hospital 18
Severe Blow to Dowieism 181
Smallpox 45
Smallpox, Treatise on 101
Southern Medical College Association, Constitution of 91
State Board Examinations 46
Summer Diarrhœa, Bacillus of 292
" " Of Infants 217
The Doctor's Place 99
Theory and Observation in Medicine 250
Yellow Fever Germ 271
" " and Mosquitoes 249

ORIGINAL ARTICLES.—

Adrenalin in the Urethra 73
Cancer of the Eyelids Treated by the X-Ray 138
Cholelithiasis, Medical Treatment of 166
Cold Abscess, An Unusual Case of 255
Gonorrheic and Marriage, The 107
Gonorrhœal Ophthalmia, Abortion of 258
Hematocele: Differential Diagnosis: A Case 199
Hemophilia, Remarkable Loss of Weight in 35

ORIGINAL ARTICLES.— PAGE

Hernia: Umbilical: A Case ... 297
Internal Malleolus and Tibia, Fracture of ... 5
Intestinal Indigestion ... 53
Liquid Thyroid ... 57
Mammary Cancer: Varicose Veins of the Leg: Sarcoma of Testicle ... 231
Mastoid Inflammation, A Clinical Study of ... 1
Quinine, Some Experiments with ... 300
Sensory Paralysis, a case ... 165
Septicemia and the Curette ... 275
Streptococcic Infection Treated with Marmorek Serum ... 278
Sexual Perversions, Prophylaxis and Treatment of ... 29
Treatment of Fractures and Dislocations ... 129
Typhoid Fever, Treatment with Castor Oil ... 78
Unique Case, A ... 208
Unusual Cases, Two ... 104
Vesical Calculus: Gall Stones: Retained Pessary ... 135
Wonderful Imagination, A ... 103

THERAPEUTICS.—

Active Principles of Vegetable Drugs ... 44
Anesthetic, A New General ... 117
" " " Local ... 116
Artificial Food for Infants, Method of Calculating Proportions. 248
Astringent Injection for Gleet ... 14
Carbolic Acid, Its Use and Abuse ... 90
Cardiac Dilitation, Treatment of ... 65
Cough, Treatment of ... 290
Creosote, Treatment of Pneumonia with ... 67
Diarrhœa Incident to Second Summer ... 215
Diphtheria Antitoxin, Duration of Immunity from ... 44
Diphtheria, Remedies in ... 266
Drug, A New Synthetic ... 117
Dyspepsia, Treatment of ... 289
Eucalyptus Against Mosquito Larvae ... 146
Malaria, Enlarged Spleen in Chronic ... 178
" For Prevention of ... 178
" In China, Notes on ... 179
" Treatment of ... 180
Measles, Management of ... 312
Mosquitoes, For Destruction of ... 146
" To keep off ... 146
Nervous Diseases, Toxic Dosage in Treatment of Some ... 90
Neurasthenia, Treatment of ... 14
Quinine, Administration of ... 68
" Bihydrobromate in Malaria ... 179
" by Hypodermoclysis ... 177
" Danger of Subcutaneous Injection ... 179
Rachicocainization, Cause of Accident in ... 90
Summer Complaint, Milk of Magnesia in ... 216
Summer Diarrhœa, To Arrest Vomiting and Purging of ... 215
Suprarenal Extract in Gonorrhœa ... 13
" " " Hemophilia ... 14
Valerian Preparation, A New ... 116

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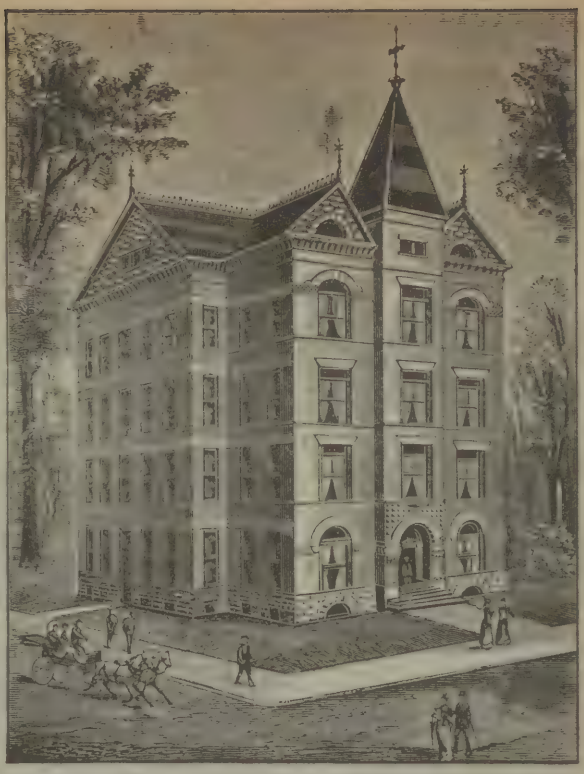
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Vol. VI. JULY, 1902. No. 7.

MISSISSIPPI MEDICAL RECORD.

PUBLISHED MONTHLY

BY H. H. HARALSON, M. D.

VICKSBURG, MISSISSIPPI.

A Phamphlet Concerning Panopepton

Of practical interest and importance to every practitioner will be sent upon request. This pamphlet describes the method of manufacture of PANOPEPTON, its composition and analysis, and the principles upon which it is based as a comprehensive, adequate and superior food for the sick. It also contains clinical reports of one hundred physicians——these selected simply to illustrate the wide range of usefulness of PANOPEPTON, and the various ways in which it it used for the feeding of the sick.

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Vol. VI. SEPTEMBER, 1902. No. 9.

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Vol. VI. OCTOBER, 1902. No. 10.

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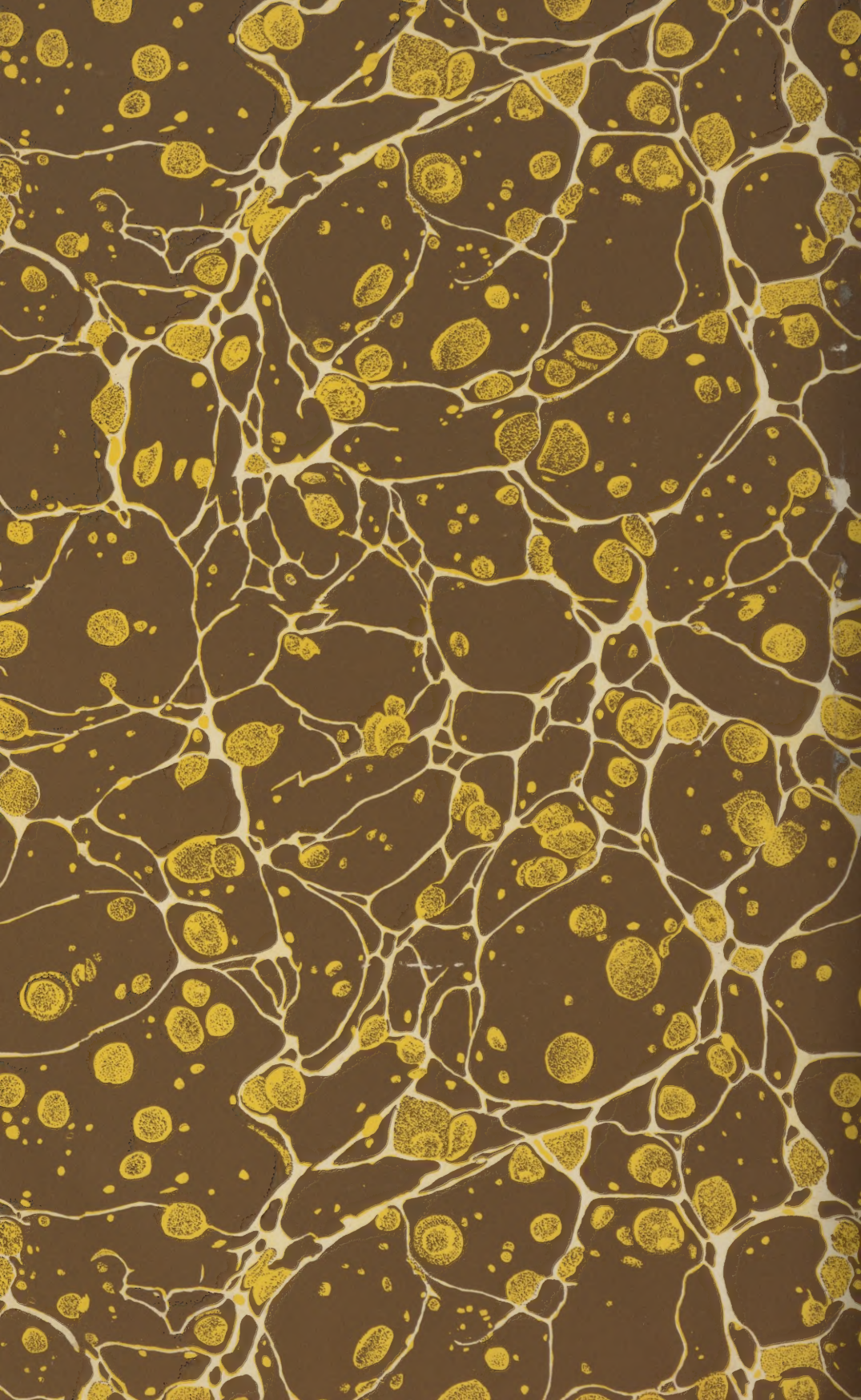
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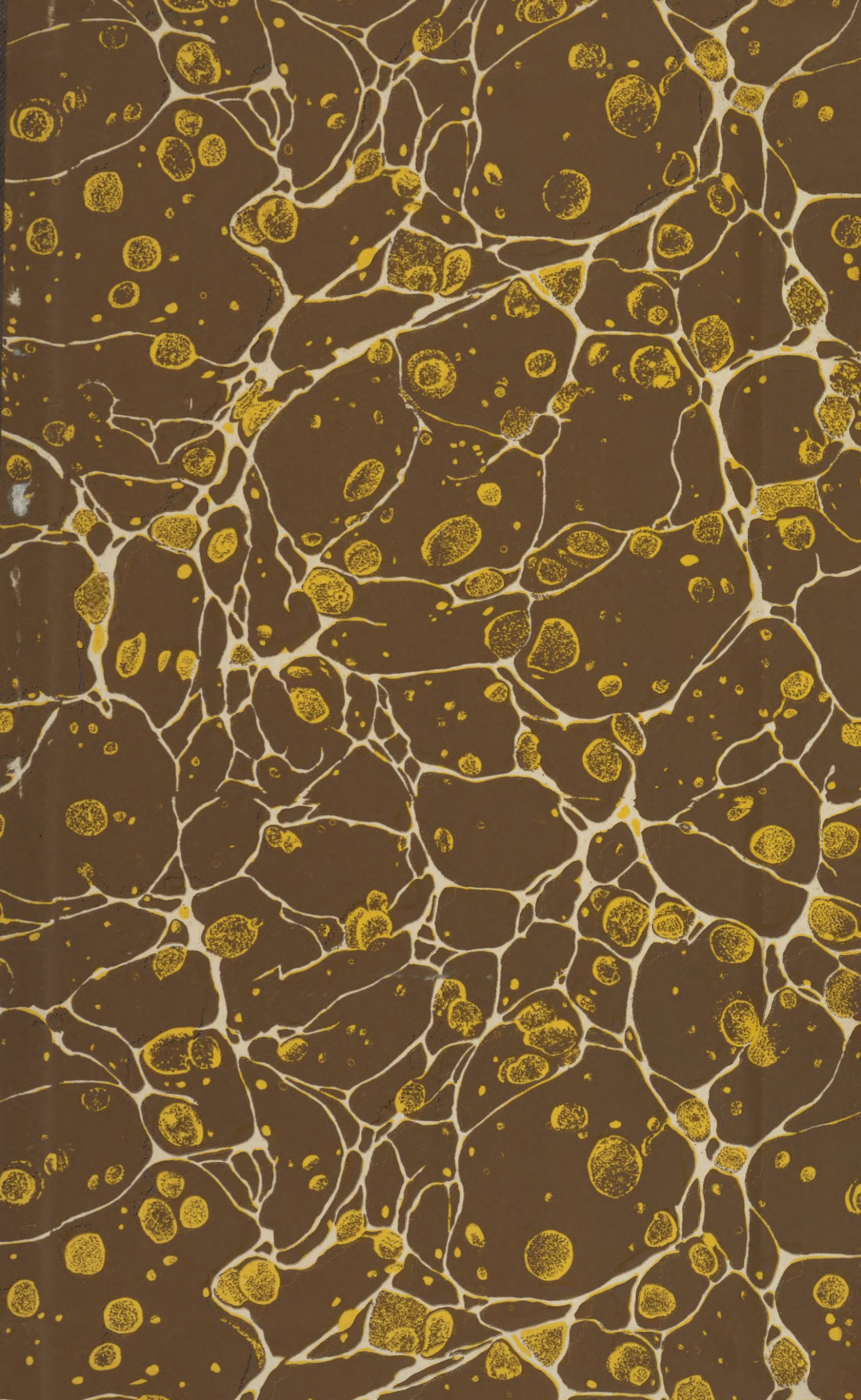
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